

Dentist: .....

Surgery: .....

Address: .....

Patient: .....

Date Required: .....

(day before patient's appointment)

200 The Nest, Martin Road, Havant, Hampshire, PO9 5TL

info@ukdentech.com

**01243 939 811**



British Academy of  
Cosmetic Dentistry



# DENTURE ORDER FORM



Shade: .....

Teeth to be replaced: \_\_\_\_\_

Clasps: Metal: \_\_\_\_\_

Tooth Colour: \_\_\_\_\_

Clear: \_\_\_\_\_

Rest Seats: \_\_\_\_\_

### Denture Design Notes

Premium  Standard

Cobalt Chrome  Acrylic

More lab sheets required

Items Included:

# Denture Stages

Denture Stages	Comments	Please date day before appointment
<b>STAGE 1: Special Tray and Bite Record</b>		
Tech:	<i>Please note special trays and bite records will be supplied unless stated</i>	
<b>STAGE 2: Try-in</b>		
Tech:		
<b>STAGE 3: Re-try/Alterations</b>		
Tech:		
<b>STAGE 4: Finish</b>		
Tech:		

