DENTURE TICKET

PACIAL DENTURES

P/□ □/P

Make It Using:
- High Impact □
- Flexi □
- Eclipse □
- Chrome □
- Implant retained □

FULL DENTURES

F/□ □/F

Make It Using:
- High Impact □
- Chrome plate □

ADD:
- Colourtone Gum □

OTHER PRODUCTS

- Study Models □
- Stent □

ANYTHING ELSE YOU NEED?

SPECIAL TRAYS

Upper ▲ Lower ▼ RETURN DATE □

BITE BLOCKS

Upper ▲ Lower ▼ RETURN DATE □

TRY IN

SHADE □ RETURN DATE □

HOW WAS THE FIRST TRY IN?

Shall we adjust for a 2nd try in? □ Finish? □ RETURN DATE □

HOW WAS THE SECOND TRY IN?

Shall we adjust for another try in? □ Finish? □ RETURN DATE □

REPAIRS ETC.

- Repair □
- Addition □
- Reline □
- Reinforce □

RETURN DATE □

In accordance with the medical device directive this is a custom made appliance for the sole use of the named patient. This appliance is not sterile. This work is signed off by a GDC Registered Technician.

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