First Lab Direct, 25 Bettertons Close, Fairford, GL7 4HY
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ORDER FORM - REMOVABLE PROSTHODONTICS

Date:..

Dentist:..

Address:..

....

............................**Post Code:**......................

Phone:..

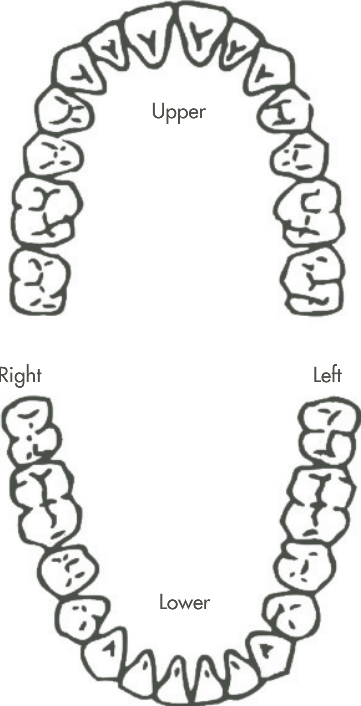
Email:..

Patient Name:...

Work Required by:.................................

INSTRUCTIONS

SHADE



☐ P/- CASTING
☐ -/P CASTING
☐ P/- CASTING and try in with teeth
☐ -/P CASTING and try in with teeth
☐ P/- CASTING and process
☐ -/P CASTING and process
☐ Proceed to finish
☐ Titanium Casting

☐ P/- Acrylic (try in only)
☐ -/P Acrylic (try in only)
☐ P/- Acrylic (straight to finish)
☐ -/P Acrylic (straight to finish)
☐ F/- try in with teeth
☐ -/F try in with teeth
☐ F/- process
☐ -/F process

☐ Immediate Replacement (list teeth numbers) ________________
☐ High Impact Acrylic
☐ Tooth Coloured Clasps (list teeth numbers & shade) ________________
☐ Flexible Resin Base

☐ Wax Rim ☐ Upper ☐ Lower
☐ Special Tray ☐ Upper ☐ Lower
☐ Bleaching Tray ☐ Upper ☐ Lower

☐ Michigan Splint
☐ Gelb Splint

☐ Anti-Snoring device (specify type)____________________
☐ Orthodontic Appliance (please specify)__________________
☐ Mouth Guard

MHRA Registered

ISO 9001:2015 Accreditation