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FIRST LAB DIRECT

DIRECT

## ORDER FORM - REMOVABLE PROSTHODONTICS

Date: .....

Dentist: .....

Address: .....

.....

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

Phone: .....

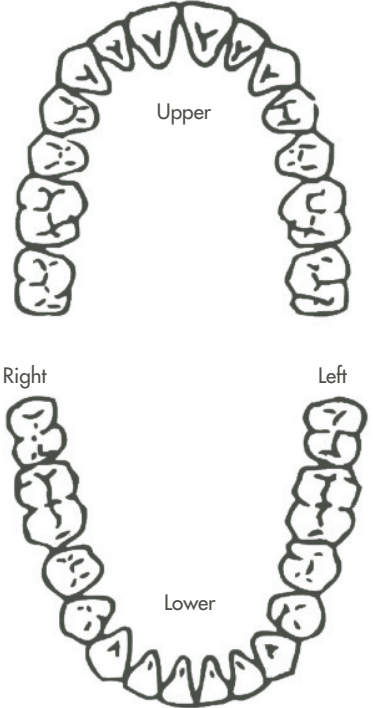
Email: .....

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