



**DENTIST :**

**PATIENT :**

**DUE DATE:**

**TYPE OF RESTORATION:**

COCR Denture  
Valplast Denture  
Acrylic Denture

**TYPE:**

Partial  
Complete

**ARCH:**

Upper  
Lower  
Both

**SERVICE DESIRED:**

- Direct Finish (Straight to finish)
- Frame Only
- Frame + Bite Registration Rim
- Frame + Teeth set up
- Teeth set up only
- Teeth set up + Acrylic Processing
- Base Plate + Bite Registration Rim

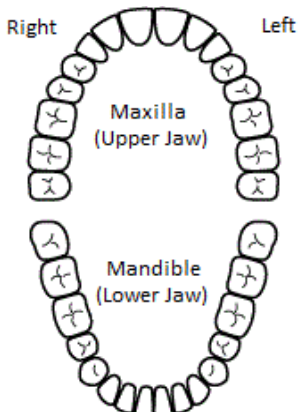
**ENCLOSED WITH JOB:**

- Impression
- Bite
- Model
- Photo
- Other

**FRAMEWORK DESIGN:**

- Lab to Design
- See Drawing on Cast
- See Drawing Below

**SHADE:**



**INSTRUCTIONS:**

(Please draw your design here)

**Address: 70 Broad Street  
Sarina QLD 4737**

*Creating confident smiles*

