

Dr: Name

PT: Name

DENTURE ORDER FORM

Order Number NZ:

Office Use Only

PLEASE PREPARE THESE ITEMS BEFORE SENDING THE CASE

1. Impression tray for working model. 2. Opposite Model 3. Bite Registration (If necessary)
4. Case Photos email : michael@winway.co.nz

Date: _____

Clinic: _____

Dentist: _____

Phone: _____

DATE WANTED:

Finish: _____

Patient Name: _____

☐ M

☐ F

Age: _____

Valplast/TCS/FRS

☐ **Valplast** - Original

☐ **FRS** (Dentsply)

lucitone gum shade:

☐ Original

☐ Light

☐ Dark (Pink-Purple)

☐ **TCS**

gum shade:

☐ TCS 1

☐ TCS 2

☐ TCS 3

☐ TCS 4

☐ Set Up Try-In

☐ Process & Finish

☐ Straight To Finish

GUARD/SPLINT/TRAY

☐ Sports Mouth Guard

☐ Bite Splint/Guard

☐ Hard / Soft

☐ Hard

☐ Soft

☐ Snore Guard (Silensor)

☐ Bleach Tray

ORTHODONTIC

☐ Hawley / Sagittal / 3D

☐ Schwartz / Expansion

☐ Spring Retainer

☐ Space Maintainer

Acrylic Denture

☐ Full

☐ Partial

☐ Set Up Try-In

☐ Process & Finish

☐ Straight to Finish

☐ C-Clasp

☐ Wrought Wire Clasp

☐ Valplast Clasp - Pink

☐ Valplast Clasp - Clear

☐ Embrasure / Ball Clasp

☐ Gold Inlay

ACRYLIC SHADE:

☐ Original

☐ Light

☐ Dark (Pink-Purple)

REINFORCEMENT:

☐ Wire

☐ Mesh

Acrylic Immediate

☐ Extract All Teeth

☐ Partial Extraction

Reline

☐ Hard

☐ Soft

☐ Soft Semi-Permanent (POA)

Framework

☐ Cast Partial Cr/Co

☐ Vitallium (VTM 2000)

☐ Titanium

☐ Frame Only

☐ Set Up Try-In

☐ Process & Finish

☐ Straight To Finish

☐ C-Clasp

☐ Y-Clasp

☐ I-Bar

☐ Embrasure / Ball Clasp

☐ Valplast Clasp

☐ Clear Valplast Clasp

MAJOR CONNECTOR:

☐ Horse Shoe

☐ Full Palate

☐ Strap

☐ Lingual Bar

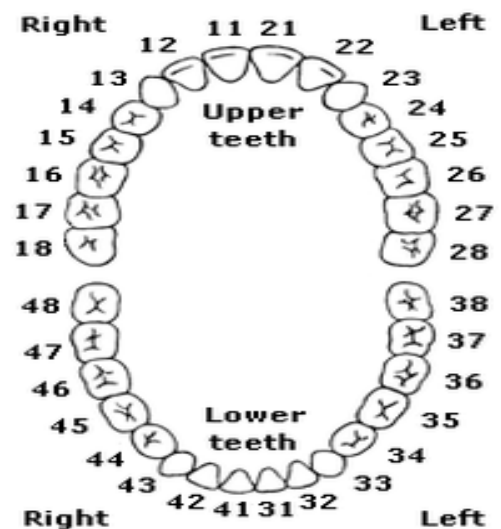
☐ Lingual Plate

Denture Preparation

☐ Wax Rim

☐ Special Tray

SHADE:



***Please State Upper, Lower or Both**

☐ Upper

☐ Lower

Tooth Numbers:

Please Note: IF YOU REQUIRE A PRODUCT THAT IS NOT LISTED ABOVE PLEASE CONTACT US AS WE MAY BE ABLE TO SUPPLY IT FOR YOU

Additional Instructions:

Please add any extra notes over the page:

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Winway.co.nz