

DENTURE ORDER FORM

Dr: Name	PT: Name
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

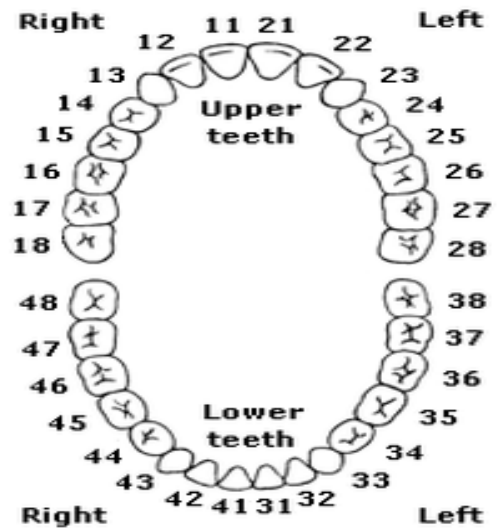
- ☐ Valplast Clasp
☐ Clear Valplast Clasp
MAJOR CONNECTOR:

- ☐ 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: