CHRISTCHURCH
DENTURE CARE

Laboratory Procedure Prescription

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105 Wainui Street, Riccarton, Christchurch 8041

Dentist Name..... Practice Name.....
Address.....
Phone..... Email.....
Patient's Name..... Date.....

Complete Dentures

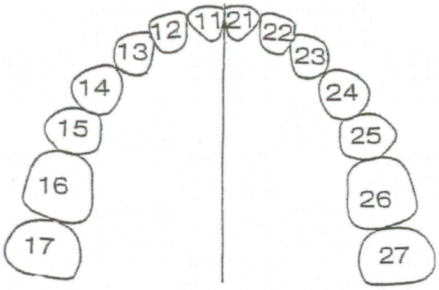
☐ Maxilla (Upper) ☐ Mandible (Lower) ☐ **Digital**
☐ Acrylic ☐ High Impact Acrylic ☐ Flexible (ThermoSens)
☐ Immediate ☐ Implant Overdenture ☐ Reline

Partial Dentures

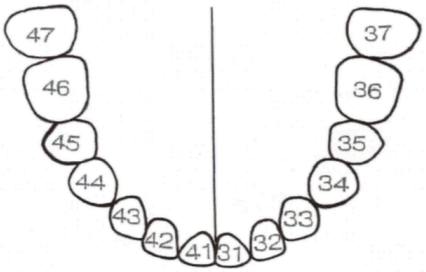
☐ Maxilla (Upper) ☐ Mandible (Lower) ☐ **Digital**
☐ Acrylic ☐ High Impact Acrylic ☐ Flexible (ThermoSens)
☐ Immediate ☐ Cobalt-Chrome ☐ Reline

☐ Special Tray Date..... Time.....
☐ Bite Block Date..... Time.....
☐ Set-up/Try-in Date..... Time.....
☐ Finish Date..... Time.....
☐ Reline Date..... Time.....

Tooth Shade



Maxilla



Mandible

Others

☐ Bleaching tray
☐ Mouthguard
☐ Snoring Guard
☐ Splint
☐ 1.8mm ☐ 2.5mm
☐ Processed Splint
☐ Tooth Addition
☐ Repair

Dentist Comments.....
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