Techdent Dental Studio

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GDC No. 146739

MHRA No. CA011498 (Medicines & Healthcare Regulation Agency)

PRESCRIBING DENTIST AND PRACTICE

PATIENT

MALE ☐ FEMALE ☐ AGE ☐ SHADE

RESTORATION TYPE — 8-10 DAYS REQUIRED

HIGH IMPACT ACRYLIC DENTURE ☐

STANDARD ACRYLIC DENTURE ☐

VALPLAST FLEXIBLE PARTIAL

14 DAYS REQUIRED FOR METAL TRY-IN STAGE

VITALLIUM COBALT CHROME PARTIAL ☐

APPOINTMENT DATES

IMP. DATE	AM/PM
SPECIAL TRAY & BITE DATE	AM/PM
TRY IN DATE	AM/PM
RE-TRY DATE	AM/PM
FINISH DATE	AM/PM

TEETH TO BE REPLACED

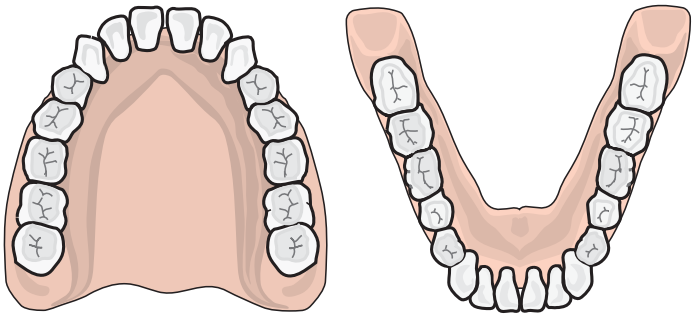
RESTS REQUIRED

METAL CLASPS

FLEXIBLE CLASPS

TOOTH COLOURED FLEXIBLE CLASPS ☐ CLEAR FLEXIBLE CLASPS ☐

IF NO CLASPS REQUIRED, WRITE NONE



BASIC TOOTH SHAPE ▲ ● ■

STIPPLING
YES ☐ NO ☐

SET UP
REGULAR IRREGULAR

CERVICAL STAINING
YES ☐ NO ☐

SPACING
S ☐ M ☐ L ☐ NONE ☐

CASE INSTRUCTIONS

IMAGES TO BE EMAILED TO TECHDENT.IMAGES@GMAIL.COM