

Dentist _____ Practice Name _____

Practice Address _____ Suburb _____ Postcode _____

Tel _____ Email _____

Patient ID _____ Date _____

BATCH # (Office only)

Patient ID - If patient name is listed here, please ensure you have written patient consent.

New Case Continuation/Remake Account Number

Work Required by Day Month

SCD RANGE *If Range has not been selected it will default to SCD Range

For turnaround times please refer to price list.

Denture Preparation

- | | | |
|--------------|-----------------------|-----------------------|
| Special Tray | <input type="radio"/> | <input type="radio"/> |
| Wax Rim | <input type="radio"/> | <input type="radio"/> |

Metal Partials

- | | | |
|------------------------------|-----------------------|-----------------------|
| Casting (Frame) | <input type="radio"/> | <input type="radio"/> |
| Casting (Frame) with wax rim | <input type="radio"/> | <input type="radio"/> |
| Casting & Try-in with teeth | <input type="radio"/> | <input type="radio"/> |
| Casting Process/Finish | <input type="radio"/> | <input type="radio"/> |
| Ti Base | <input type="radio"/> | <input type="radio"/> |

- Acrylic (Default) Flexible Denture Digital

Partial:

- | | | |
|--------|-----------------------|-----------------------|
| Try-in | <input type="radio"/> | <input type="radio"/> |
| Finish | <input type="radio"/> | <input type="radio"/> |

Full: (Non Flexible)

- | | | |
|--------|-----------------------|-----------------------|
| Try-in | <input type="radio"/> | <input type="radio"/> |
| Finish | <input type="radio"/> | <input type="radio"/> |

- Replica Denture
 Standard
 High-Impact Acrylic

- Immediate Replacement _____

- Tooth-Coloured Clasps Shade: _____

- Clear Clasps _____

Occlusal Splints

- | | | |
|----------------------------------|-----------------------|-----------------------|
| Flat Plane Hard | <input type="radio"/> | <input type="radio"/> |
| Flat Plane Hard/Soft | <input type="radio"/> | <input type="radio"/> |
| Michigan (Canine Rise) Hard | <input type="radio"/> | <input type="radio"/> |
| Michigan (Canine Rise) Hard/Soft | <input type="radio"/> | <input type="radio"/> |
| Soft Splint | <input type="radio"/> | <input type="radio"/> |
| Gelb | <input type="radio"/> | <input type="radio"/> |
| NTI | <input type="radio"/> | <input type="radio"/> |

Orthodontic Appliances

- | | | |
|-----------------------------------|-----------------------|-----------------------|
| Active ROA (Draw Design Below) | <input type="radio"/> | <input type="radio"/> |
| Fixed Devices (Draw Design Below) | <input type="radio"/> | <input type="radio"/> |
| Essix Retainer | <input type="radio"/> | <input type="radio"/> |
| Hawley Retainer | <input type="radio"/> | <input type="radio"/> |
| Memosil lingual wire stent | <input type="radio"/> | <input type="radio"/> |

Anti-Snoring Device

- | | | |
|----------------------------------|-----------------------|-----------------------|
| EMA | <input type="radio"/> | <input type="radio"/> |
| Silensor SL | <input type="radio"/> | <input type="radio"/> |
| Moses (Snoring +/- sleep apnoea) | <input type="radio"/> | <input type="radio"/> |

Miscellaneous

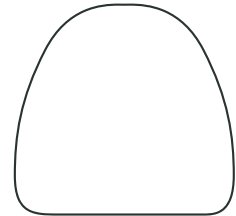
- | | | |
|-------------------------------------|-----------------------|-----------------------|
| Mouthguard Junior (3mm) | <input type="radio"/> | <input type="radio"/> |
| Mouthguard Standard (5mm) | <input type="radio"/> | <input type="radio"/> |
| Mouthguard Professional (6mm + 3mm) | <input type="radio"/> | <input type="radio"/> |
| Bleaching Trays | <input type="radio"/> | <input type="radio"/> |
| Denture repair | <input type="radio"/> | <input type="radio"/> |

PROFORM RANGE

Other Products

- | | | |
|--------------------------------------|-----------------------|-----------------------|
| Proform Standard mouthguard | <input type="radio"/> | <input type="radio"/> |
| Proform Professional Dual mouthguard | <input type="radio"/> | <input type="radio"/> |
| Proform Professional Plus mouthguard | <input type="radio"/> | <input type="radio"/> |
| Nylon Splint | <input type="radio"/> | <input type="radio"/> |

SHADE (please email images)



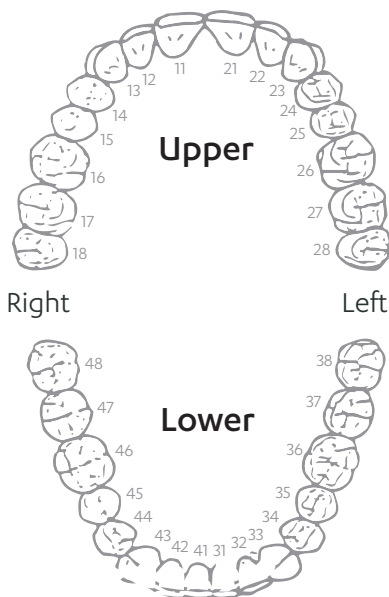
MATERIAL ENCLOSED

Please tick

- | | DR | SCD |
|-------------------------------|-----------------------|-----------------------|
| Denture Teeth | <input type="radio"/> | <input type="radio"/> |
| Upper Teeth Set on Wax | <input type="radio"/> | <input type="radio"/> |
| Lower Teeth Set on Wax | <input type="radio"/> | <input type="radio"/> |
| Upper Model or Impression | <input type="radio"/> | <input type="radio"/> |
| Lower Model or Impression | <input type="radio"/> | <input type="radio"/> |
| Upper Wax Rim | <input type="radio"/> | <input type="radio"/> |
| Lower Wax Rim | <input type="radio"/> | <input type="radio"/> |
| Bite Registration | <input type="radio"/> | <input type="radio"/> |
| Upper Framework | <input type="radio"/> | <input type="radio"/> |
| Lower Framework | <input type="radio"/> | <input type="radio"/> |
| Articulator | <input type="radio"/> | <input type="radio"/> |
| Upper Final Denture to Adjust | <input type="radio"/> | <input type="radio"/> |
| Lower Final Denture to Adjust | <input type="radio"/> | <input type="radio"/> |
| Upper or Lower previous | <input type="radio"/> | <input type="radio"/> |
| Denture to return as a guide | <input type="radio"/> | <input type="radio"/> |
| Voucher Attached # | <input type="radio"/> | <input type="radio"/> |
| Images to be emailed | <input type="radio"/> | <input type="radio"/> |

All items sent to SCD must be decontaminated according to Dental Council of New Zealand for infection control.

TEETH CHART



ADDITIONAL INSTRUCTIONS

PROMO CODE