

Client's Name & Address

Patient's Name

Date Sent / / Date Required / /

Type of connector	Upper	Lower
Full Plate	☐	☐ Full Plate
Horse Shoe Plate	☐	☐ Plate
Horse Shoe (Gingival Free)	☐	☐ Lingual Bar
Double Bar (Gingival Covered)	☐	☐ Lingual Bar (con't Clasps)
Double Bar (Gingival Free)	☐	☐ Labial Bar

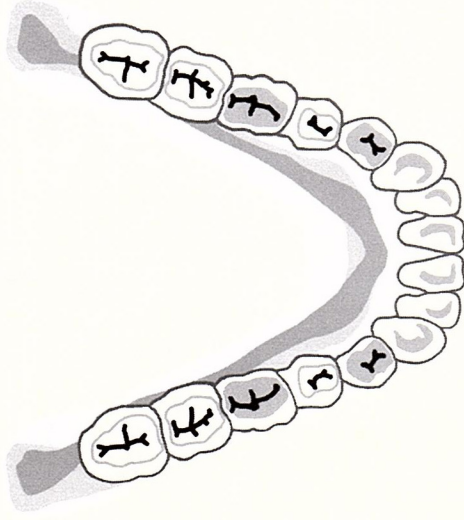
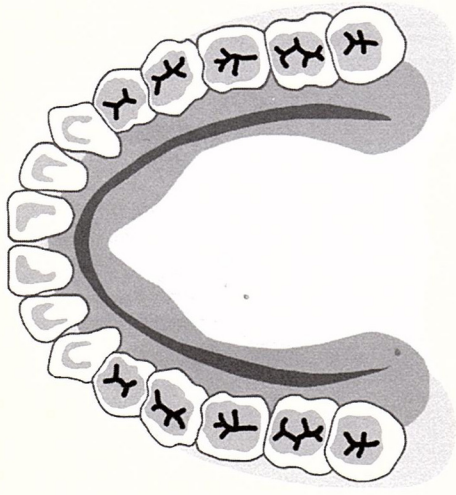
Enclosures (Please tick)

Upper Model ☐	Lower Model ☐	Bite Block ☐
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HIGH QUALITY CHROME CASTINGS SINCE 1994

Teeth to be replaced		
Clasps required		
Rests required		
If NO clasps required write NONE		
Tooth coloured clasp shade		

Client's Instructions:



Office use only	Case No.
Authorised ☐	☐
Designed ☐	☐ Finished
Waxed ☐	☐ Checked

