

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	☐

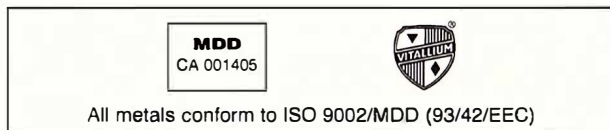
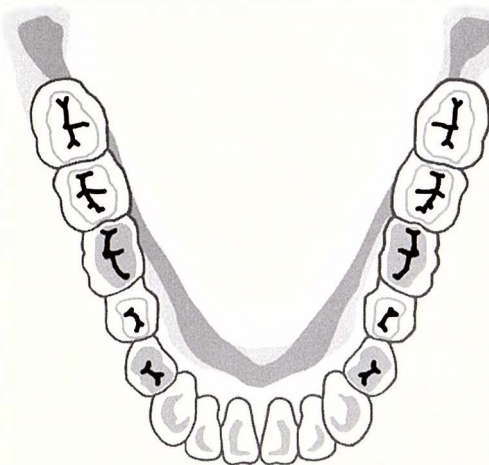
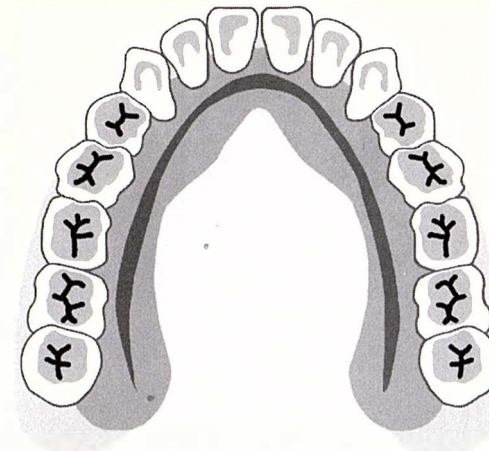
Enclosures (Please tick)

Upper Model ☐ Lower Model ☐ Bite Block ☐

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	Finished
Designed	Checked
Waxed	