Your Prosthodontic Partner
SK DENTAL LAB

Address: Suit 213/ 1 Katherine St Chatswood NSW 2067
Working hour: Mon-Fri 9:00 am – 5:00 pm

T E L 02-9056-0844
Mobile 0450-065-624
E-mail denture@skdentallab.com.au
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REMOVABLE RESTORATIONS LAB FORM

Clinic | **Doctor** |

Address |

Patient name | **Age** | **Gender** | ☐ M ☐ F

Date sent | **Date Due in Clinic** |

ENCLOSURES (Lab use only)

☐ Photo ☐ Impression ☐ Model
☐ Bite ☐ Wax Try-in ☐ Denture
☐ Articulator ☐ Custom Tray ☐ Others

Date received _____

Denture

☐ Acrylic ☐ Flexible ☐ Chrome frame
☐ F/- ☐ -/F ☐ P/- ☐ -/P

☐ Special Tray
☐ Wax rim
☐ Try-in
☐ Retry
☐ Finish

SHADE _____

Repair / Addition

☐ Reline ☐ Repair ☐ Addition

Tooth No. _____

Mouth-guards

☐ Light ☐ Medium ☐ Heavy

Colour _____

Contact for custom designs or combinations of colours.

Bleaching Tray

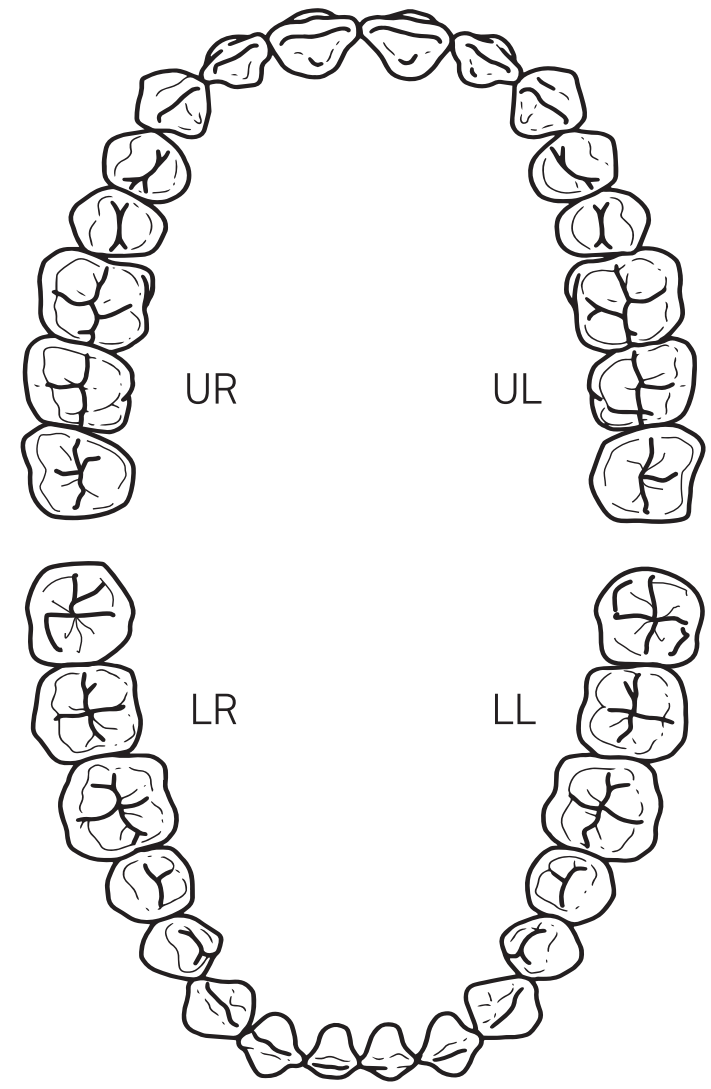
☐ Upper ☐ Lower ☐ Spacer

Splint

☐ Upper ☐ Lower

☐ Hard (Heat cured) ☐ Hard / Soft
☐ Soft ☐ Trutain Retainer (Essix)

☐ Flat Plane ☐ Anterior/Canine Guidance



JOB INSTRUCTION