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Staffordshire. WS14 9DX
Email:- info@naturallook-dentallab.com
Tel:- 01543 624 277
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Prosthetics

Dentists Name		Patients Name
Dentists Address		Return Date
		Phone Number
Job No.	Date	Contents

Classic ☐ Premier ☐ Please Tick

Custom Trays

Upper ☐ Lower ☐

Holes Yes ☐ No ☐

Date Required ______

Notes

Registration Rims

Upper ☐ Lower ☐

Date Required ______

Notes

Trial Prostheses

Upper ☐ Lower ☐

Shade

Date Required ______

Notes

Teeth to be restored

Chrome ☐

Acrylic ☐

Chrome ☐

Acrylic ☐

Completed Prostheses

Upper ☐ Lower ☐

Date Required ______

Notes

Repair ☐

Add Clasp ☐

Reline ☐

Add Tooth ☐

Date Required ______

Notes