



New Case Continuation/Remake Clinician _____ Date _____

Clinic name _____ Patient Name _____ Due Date _____

Clinician Address _____

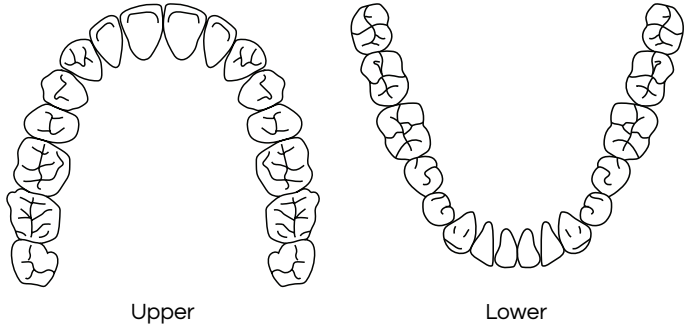
Job type _____ Shade _____

Special Tray To do Done _____

MMR To do Done _____

Try-in Casting To do Done _____

Try-in To do Done _____



Try-in 2 To do Done _____

Finish To do Done _____

SPLINT TYPE

- Hard-hard
- Soft-soft (Clear Only)
- Hard-soft
- Clear
- Yellow
- Red
- Purple
- Pink
- Blue
- Green
- Other / Type / Colour _____

MATERIAL ENCLOSED

Please tick

- You SPARX LAB
- Upper Impression
 - Lower Impression
 - Upper Model
 - Lower Model
 - Bite Registration (over prepared abutment)
 - Articulator
 - Denture
 - Images to be emailed

OTHER INSTRUCTIONS

