DashDent (07) 5519 9888

Office use

Doctor: ..... Date: .....

Patient: ..... Age: ..... ☐ Male ☐ Female

APPLIANCES

☐ **ACRYLIC DENTURE**
- ☐ F/- ☐ -/F
- ☐ P/- ☐ -/P

☐ **FLEXIBLE DENTURE**
- ☐ P/- ☐ -/P

☐ **CHROME CASTING**
- ☐ P/- ☐ -/P
- ☐ F/- Palate
- ☐ F/- Mesh
- ☐ -/F Mesh

☐ **BLEACHING TRAY**

☐ **SPORT GUARD**

☐ **ANTI-SNORING DEVICE**

☐ **CLEAR SPLINT**

DATE DUE

Trays	Wax Bite	Try-in	Re-try 1	Re-try 2	Finish

☐ Photo Sent

Shade@dashdent.com.au

Shade .....

INSTRUCTIONS

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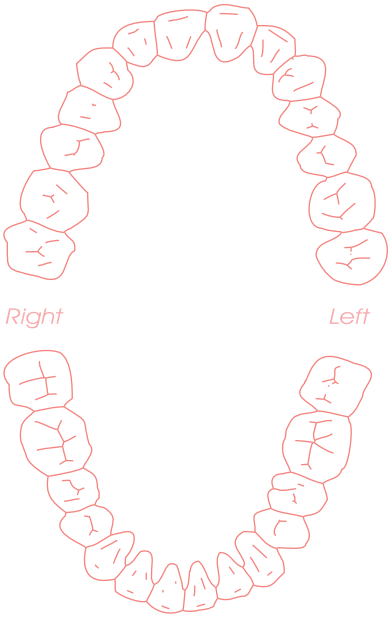
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