

Date		Dentist	
Patient Name		Clinic/Practice	
Return Date		Patient Appt	

## PROSTHETICS

<u>Framework</u>		<u>Stage</u>		<u>Repairs and Relines</u>		<u>Miscellaneous</u>					
U	L	U	L	U	L	U	L				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Full Acrylic	Special Tray	Basic Repair	Bleaching Tray
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partial Acrylic	Registration Rims	Repair Addition	Mouth Guard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chrome Casting	Try In Framework	Tooth Addition	Radiographic Stent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valplast	Try In Teeth	Partial Reline	Implant Tooth Stent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flexible Resin	Retry Teeth	Full Reline	Surgical Stent/Guide
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Finish Denture	Soft Reline	Other

### Teeth

Premium | Standard

## ORTHODONTICS

<u>Retainer</u>		<u>Removable Appliance</u>		<u>Fixed</u>		<u>Splints &amp; Sleep Apnoea</u>					
U	L	U	L	U	L	U	L				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawley	Twin Block	Lingual Wire (3-3)	Hard
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doner	Bionator	RME (Banded)	Hard/Soft
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrap Around/Begg	Activator	Quad Helix	Soft
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spring Hawley	Expansion Plate	Lingual Arch (6-6)	Sleep Apnoea
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Essix/Suckdown	Other	Space Maintainer	

Instructions:

SHADE:

