

Denture/Prosthesis/Retainer/Appliance Order Form

- Puan Nor Saadiah Binti Yunus 93, Jalan Pekaka 4, Taman Perling, 81200 Johor Bahru. Tel: 0197144731
- Francis Dental Laboratory & Supply 1737, 1st Floor, Jalan Rasah, Taman Mok Sam, 70300 Seremban. Tel/Fax: 06-6320164 (Co-C Framework)
- Millenium Dental Laboratory No55, Jalan NB 2 2/3 Taman Nusa Bestari 2, 81200, Nusa Jaya Johor. Tel: 02-92421706
- Abbytec Dental Laboratory 54A, Jalan Kinrara 4/5, Taman Kinrara, 47100 Puchong, Selangor Darul Ehsan. Tel: 012-6799021
- Makmal Pergigian Dinamik No. 3 Jln Pulau Ria 4, Bandar Baru Kangkar Pulai Tel: 019-5769967
- I'FI Dental Lab No.3 Jalan Kobis, Kampung Bendahara 81100 Johor Bahru Tel: 019-6697534

Clinic Chop:		Customer Name : Bar Code/Tracking Number			
		RN :			
		Date Of Birth/NRIC:			
		<input type="checkbox"/> Female <input type="checkbox"/> Male			
		Doctor In Charge			
		<input type="checkbox"/> Acrylic: Hard <input type="checkbox"/> Flexible Denture <input type="checkbox"/> Chrome Cobalt <input type="checkbox"/> Retainer: Hawley/Clear Overlay <u>1.5mm/1.0mm/2.0mm</u> <input type="checkbox"/> Soft Splint: 1.5mm/2.0mm/3.0mm <input type="checkbox"/> Others:			
		<input type="checkbox"/> Upper <input type="checkbox"/> Lower			
		<input type="checkbox"/> Shade: 2 3 3.5 4			
Work	Date Required	Time	Note		
Special Tray		Before 2 pm			
Bite Block		Before 2 pm			
Try In		Before 2 pm	At least 50% deposit needed before issue.		
Retry		Before 2 pm			
Attending doctor please tick here: Before send for processing/issue- Patient expressly satisfied with the color and arrangement or the acrylic teeth, no other things to change. Patient's signature if high demand case: _____					
Issue		Before 2 pm			
Adjustment		Before 2 pm			

Base: Reinforcement/Modification

- High Impact Acrylic
- Wire/keluli/Extension of long clasp end into acrylic
- Gold Mesh Stainless Steel Mesh
- Soft base/Valoplast/Silicone

Clasps:

- Strictly No clasp
- Occlusal Approaching
- Gingival Approaching
- Precision Attachment
- Invisible clasp/Half clasp

Anterior Acrylic Teeth Shape

- Oval Round
- Triangle Square
- Other: _____
- Implant: Emergence Profile
- Contact point/surface

Rests

Enclosures


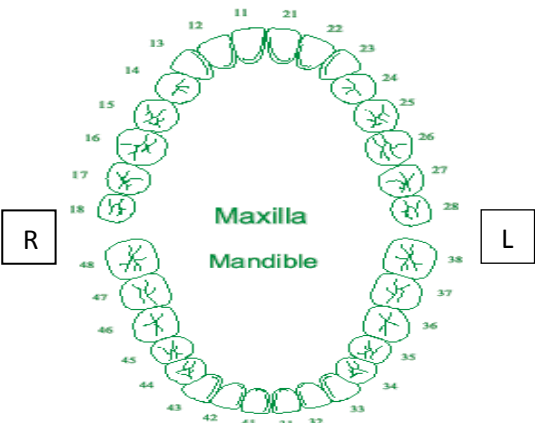
- Opposing Model: Yes/No
- Study Model
- Old denture models
- S/S Trays: Upper / Lower
- Elastomer/Rubber Impression

Follow Old denture :

- (Model of Old denture required)
- Teeth: Size, Shape
- Base: Size, Shape, Margin/Extension (Old Denture Margin)

Special Requests :

- Undercut/groove on all front teeth to improve retention
- Gum fit Full labial support
- Size: Big/Small tooth Polished Surface
- Colour: White/Darker Tooth Smooth
- Relieve: Torus/Undercut Pattern/Rugae
- Base: Small/Big/Thin/Thick Hawley retainer relieve lower fitting surface.
- Please call the doctor
- Urgent: Before _____ Case Specific/Special Instructions

			
			
Orthodontic Models	Date	Time	Staff Initials
Name & RN printed by :			
Model Made By :			
Model Taken Out by :			
Base Made By :			
Bite Check By :			

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Dr. Leong Chee San BDS (Malaya), MFGDP (UK), MClInDent (Prosthodontics) (London), MFDSRCS (Edinburgh), AM (Mal), PG Dip. Implantology (UCLAN), FICCD National Specialists Register No: 128515 <input type="checkbox"/> Dr. Rozita Binti Khamis BDS (Malaya) <input type="checkbox"/> Dr. Noorefizah bt Nazar BDS (UM) <input type="checkbox"/> Dr. Sharon Lee Sher Ling BDS (Manipal) FICCD (Ortho) <input type="checkbox"/> Dr. Mike Yap San Shang DDS (Mahsa) <input type="checkbox"/> Dr. Liaw Choo Nee BDS (Malaya) | <ul style="list-style-type: none"> <input type="checkbox"/> Dr. Emran Bin Aznan BDS (Malaya) <input type="checkbox"/> Dr. Ooi Weng Hooi BDS (AIMST) <input type="checkbox"/> Dr. Naresh Nair A/L A Mahdavan <input type="checkbox"/> Dr. Tan Chai Peng BDS (Taiwan) <input type="checkbox"/> Dr. Pang Chiang Sin BDS (UM) | <ul style="list-style-type: none"> <input type="checkbox"/> Dr. Tey Yao Dong DDS (UKM) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
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