

Denture/Prosthesis/Retainer/Appliance Order Form

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 Millenium Dental Laboratory No55, Jalan NB 2 2/3 Taman Nusa Bestari 2, 81200, Nusa Jaya Johor. Tel: 02-92421706
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 Makmal Pergigian Dinamik No. 3 Jln Pulau Ria 4, Bandar Baru Kangkar Pulai Tel: 019-5769967
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|--|---------------|--|---|--|--|---|---|-----|---|
| 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: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">3.5</td> <td style="width: 20px; text-align: center;">4</td> </tr> </table> | | | | 2 | 3 | 3.5 | 4 |
| 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


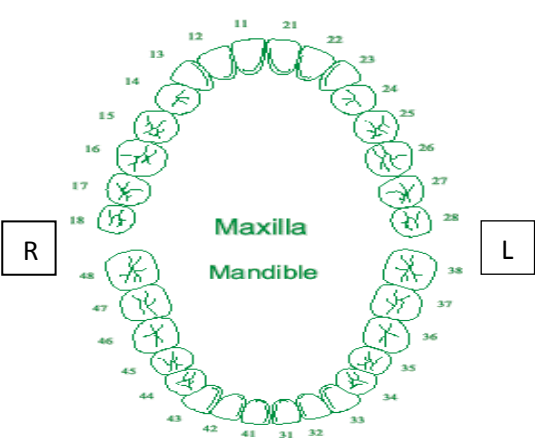
- Opposing Model: Yes/No
 Study Model
 Old denture models
 S/S Trays: Upper / Lower
 Elastomer/Rubber Impression

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 : | | | |

- | | |
|---|---|
| <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) | <input type="checkbox"/> Dr. Tey Yao Dong DDS (UKM) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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) |
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