



Australian Dental Labs

Just A Scan Away

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Date

Dentist

Patient Name

Clinic/Practice

Return Date

Patient Appt

PROSTHETICS

Framework

- | | | |
|--------------------------|--------------------------|-----------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Full Acrylic |
| <input type="checkbox"/> | <input type="checkbox"/> | Partial Acrylic |
| <input type="checkbox"/> | <input type="checkbox"/> | Chrome Casting |
| <input type="checkbox"/> | <input type="checkbox"/> | Valplast |
| <input type="checkbox"/> | <input type="checkbox"/> | Flexible Resin |

Stage

- | | | |
|--------------------------|--------------------------|-------------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Tray |
| <input type="checkbox"/> | <input type="checkbox"/> | Registration Rims |
| <input type="checkbox"/> | <input type="checkbox"/> | Try In Framework |
| <input type="checkbox"/> | <input type="checkbox"/> | Try In Teeth |
| <input type="checkbox"/> | <input type="checkbox"/> | Retry Teeth |
| <input type="checkbox"/> | <input type="checkbox"/> | Finish Denture |

Repairs and Relines

- | | | |
|--------------------------|--------------------------|-----------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Basic Repair |
| <input type="checkbox"/> | <input type="checkbox"/> | Repair Addition |
| <input type="checkbox"/> | <input type="checkbox"/> | Tooth Addition |
| <input type="checkbox"/> | <input type="checkbox"/> | Partial Reline |
| <input type="checkbox"/> | <input type="checkbox"/> | Full Reline |
| <input type="checkbox"/> | <input type="checkbox"/> | Soft Reline |

Miscellaneous

- | | | |
|--------------------------|--------------------------|----------------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleaching Tray |
| <input type="checkbox"/> | <input type="checkbox"/> | Mouth Guard |
| <input type="checkbox"/> | <input type="checkbox"/> | Radiographic Stent |
| <input type="checkbox"/> | <input type="checkbox"/> | Implant Tooth Stent |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgical Stent/Guide |
| <input type="checkbox"/> | <input type="checkbox"/> | Other |

Teeth

Premium | Standard

ORTHODONTICS

Retainer

- | | | |
|--------------------------|--------------------------|------------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Hawley |
| <input type="checkbox"/> | <input type="checkbox"/> | Doner |
| <input type="checkbox"/> | <input type="checkbox"/> | Wrap Around/Begg |
| <input type="checkbox"/> | <input type="checkbox"/> | Spring Hawley |
| <input type="checkbox"/> | <input type="checkbox"/> | Essix/Suckdown |

Removable Appliance

- | | | |
|--------------------------|--------------------------|-----------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Twin Block |
| <input type="checkbox"/> | <input type="checkbox"/> | Bionator |
| <input type="checkbox"/> | <input type="checkbox"/> | Activator |
| <input type="checkbox"/> | <input type="checkbox"/> | Expansion Plate |
| <input type="checkbox"/> | <input type="checkbox"/> | Other |

Fixed

- | | | |
|--------------------------|--------------------------|--------------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Lingual Wire (3-3) |
| <input type="checkbox"/> | <input type="checkbox"/> | RME (Banded) |
| <input type="checkbox"/> | <input type="checkbox"/> | Quad Helix |
| <input type="checkbox"/> | <input type="checkbox"/> | Lingual Arch (6-6) |
| <input type="checkbox"/> | <input type="checkbox"/> | Space Maintainer |

Splints & Sleep Apnoea

- | | | |
|--------------------------|--------------------------|----------------|
| U | L | |
| <input type="checkbox"/> | <input type="checkbox"/> | Digital Splint |
| <input type="checkbox"/> | <input type="checkbox"/> | Soft |
| <input type="checkbox"/> | <input type="checkbox"/> | Sleep Apnoea |

Instructions:

SHADE:

