Dentaltech Lab

A/C No _____ INV No _____

JOB No _____

IMB Reg No. IE/CA01/M/DT/0429

Call: 01 5554781

Doctor:_____

Address:_____

_____

Tel:_____ **Email:**_____

Patient:_____ **D.O.B:**_____

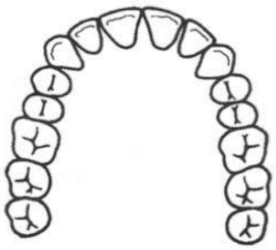
RETAINERS:	**UPR**	**LWR**
Hawley	☐	☐
Ricketts	☐	☐
Wraparound / Circumferential	☐	☐
Essix	☐	☐
Zendura	☐	☐
Bonded Co-Ax / Twisted	☐	☐
VACUUM FORMED:	**UPR**	**LWR**
Bleaching Tray	☐	☐
Gumshield	☐	☐
Clear / Bio Aligner	☐	☐
MODELS:	**UPR**	**LWR**
Working Models	☐	☐
Record Models - (Yellow Stone)	☐	☐
Record Models - (White Stone)	☐	☐
Presentation Models (White Gloss)	☐	☐

FIXED & FUNCTIONAL APPLIANCES:

Frog Appliance	☐
Quadhelix	☐
Lingual Arch	☐
Palatal Arch	☐
Palatal Arch (with Nance)	☐
Superscrew Expander	☐
Hyrax Expander	☐
Transpalatal Bar	☐
Space Maintainer (Band & Loop)	☐
Nance	☐
Bionator / Activator	☐
Haas	☐
Clarke Twin Block	☐
Medium Opening Activator	☐
Harvold	☐
Frankel	☐
Herbst	☐
MyoFunctional / Tongue Thruster	☐

NIGHTGUARD / ANTI SNORE	**UPR**	**LWR**
Silensor SL Anti-Snore	☐	☐
Soft Nightguard	☐	☐
Dual Laminate	☐	☐
Michigan Splint (heat cured)	☐	☐
Hard Night Splint (cold cured)	☐	☐

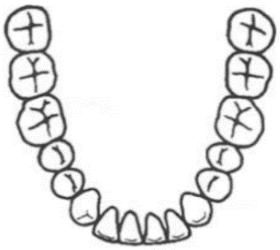
INSTRUCTIONS



Return Date:_____

Return Time:_____

If no date & time specified, case will be returned 1 week from collection.



IMPORTANT: Always retain models and bite until appliance is seated. Should a problem occur, please return original model(s) and bite. Demage to models may occur during fabrication. A 50% remake charge will apply when new impression are supplied or prescription has been altered.

PLEASE EMAIL DIGITAL IMAGES TO info@dentaltechlab.ie

OFFICE USE ONLY:

IN:_____

OUT:_____