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lab use only

white - lab copy gold - doctor copy

DOCTOR INFORMATION

RX date _____
 doctor name _____
 address _____
 phone _____

PATIENT INFORMATION

return date _____ time _____
month / day
 patient name _____
 age _____ gender m f
 phone _____

INSTRUCTIONS



please call doctor

DENTURES

full arch - upper acrylic partial - upper flipper partial - 1 tooth
 full arch - lower acrylic partial - lower tooth # _____
 immediate - upper over denture transitional partial
 immediate - lower tooth # _____

CAST PARTIALS

cast partial - upper cast partial - lower

RELINES & REPAIRS

reline repair acrylic add teeth
 rebase add ww clasp teeth # _____

TOOTH INFORMATION

shade _____ type _____ mould _____

APPLIANCES & SPACERS

band & loop spacer sagital appliance nance holding arch
 hawley retainer bi-lateral appliance nord appliance
 holding arch crossbite appliance essix appliance

SPLINTS & NIGHTGUARDS

thermoflex splint dual-flex splint bleaching tray upper lower both
 hard splint sports guard

MODELS

duplicate models U/L ortho soaped models ortho soaped models - mounted

ADDITIONAL INFORMATION

finish / process framework try-in custom tray upper lower both
 add patient name wax try-in bite blocks upper lower both

doctor license _____ doctor signature _____

