



1 PERSONAL INFORMATION

Doctor Name*:

Clinic Name*:

Contact No*:

Date:

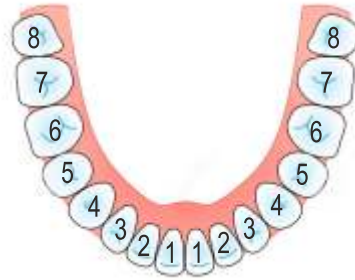
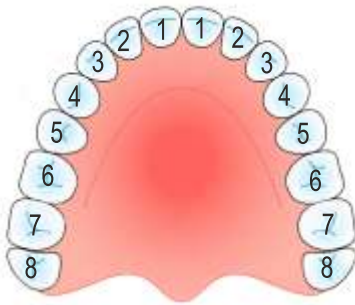
Delivery Date*:

Age

Gender: Male Female

Patient Name*:
For Warranty Card

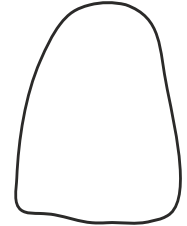
2 PRELIMINARY INFORMATION



JOB TYPE

- New
- Correction
- Redo
- Continuation

SHADE



ENCLOSED WITH

- Upper Imp
- Lower Imp
- Lower Model
- Upper Model
- Bite Block
- Bite
- Study Model
- Old Denture U/L

3 PRODUCT INFO

TYPES

- Complete Denture / Full Denture
- Acrylic Partial Denture
- ClickFlex STAIN FREE THERMOPLASTIC

Cast Partial Denture:

Type Of Major Connector :

- Full Palate Coverage
- Ant. Post. Strap
- Horseshoe (U Shape)
- Mid Palate Strap
- Lingual Bar
- Lingual Plate

Type Of Clasp :

- I-Bar Tooth
- Y-Bar Tooth
- C-Clasp Tooth

- Special Tray
- Bite Block
- Night Guard
- Acrylic Splint
- Bleaching Tray

OVER DENTURE ATTACHMENT

- OT Box
- OT Cap
- OT Cap Techo
- OT Equator
- OT Equator Threaded Sleeve System
- OT Bar Multi Use

EXTRA CORONAL ATTACHMENT

- Titanium
- Smart POM
- DMLS
- OT Cap
- OT Strategy
- OT Unilateral
- OT Cap Techo

4 REQUIRED INFO

STAGE

- Framework Try-in
- Bite Block
- Setting Try-in
- Finish

5 CORRECTIONS

MISCELLANEOUS

- Denture Repair
- Clasp Addition
- Reline
- Tooth Addition
- Rebasing
- Cleaning

SPECIFICATIONS

Empty box for specifications

PLEASE DISINFECT THE IMPRESSION :

By filling this RX copy, you agree to by all terms & conditions of Illusion Dental Laboratory and agree to receive messages and newsletters.

Note: Please send a bite registration along with the upper & lower rubber base impression. Kindly fill in all the required details in the Rx to avoid any delay with your cases. *Please mention Patient's name for warranty card.