



# Design & Smile

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## Prosthetic Prescription

Surgeon \_\_\_\_\_  
Practice \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
Patient \_\_\_\_\_  
\_\_\_\_\_  
Age \_\_\_\_\_  
Delivery Date \_\_\_\_\_

## Service required

NHS       Independent       Private

## For office use only

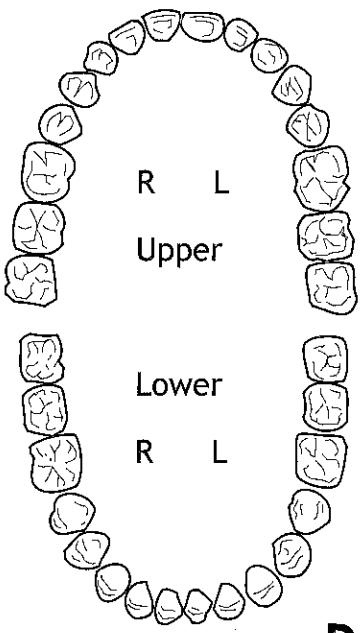
Account No. \_\_\_\_\_  
Job No. \_\_\_\_\_  
Technician \_\_\_\_\_

## Items required

Bags       Boxes  
 Pre-paid labels       Prescription pads

## Denture design

Case Type      U/-      -/L  
Acrylic Denture              
Chrome & Acrylic              
Chrome Only              
Flexible (Valplast)           



## Special trays

Acrylic    U     L   
Date      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Bite registration

Wax rim    U     L     Date      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Chrome bite    U     L     Date      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Try-in

Delivery Date      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Shade Mould


## Re-try-in

Delivery Date      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Finish

Delivery Date      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Design notation


## Teeth to be extracted




Patients Name   
Clear Palate   
Soft Lining