

Dentist \_\_\_\_\_ Invoice Name \_\_\_\_\_  
 Invoice Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
 Tel \_\_\_\_\_ Email \_\_\_\_\_  
 Patient ID \_\_\_\_\_ Date \_\_\_\_\_  
 Patient ID - Please do not use patient's name unless consent is provided, and appropriate form/s have been completed.

BATCH # (Office only)

New Case  Continuation/Remake Account Number       Work Required by   Day   Month

**CASE REQUIRED URGENTLY - Save 1 day turnaround.\***  
\*Incur 20% surcharge. Applicable to SCD Range only.

**SCD RANGE** \*If Range has not been selected it will default to SCD Range

For turnaround times please refer to price list.

<b>Denture Preparation</b>	<b>U</b>	<b>L</b>	<b>Occlusal Splints</b>	<b>U</b>	<b>L</b>
Special Tray	<input type="radio"/>	<input type="radio"/>	Flat Plane Hard	<input type="radio"/>	<input type="radio"/>
Wax Rim	<input type="radio"/>	<input type="radio"/>	Flat Plane Hard/Soft	<input type="radio"/>	<input type="radio"/>
			Michigan (Canine Rise) Hard	<input type="radio"/>	<input type="radio"/>
			Michigan (Canine Rise) Hard/Soft	<input type="radio"/>	<input type="radio"/>
<b>Metal Partials</b>			Soft Splint	<input type="radio"/>	<input type="radio"/>
Casting (Frame)	<input type="radio"/>	<input type="radio"/>	Gelb	<input type="radio"/>	<input type="radio"/>
Casting (Frame) with wax rim	<input type="radio"/>	<input type="radio"/>	NTI	<input type="radio"/>	<input type="radio"/>
Casting & Try-in with teeth	<input type="radio"/>	<input type="radio"/>			
Casting Process/Finish	<input type="radio"/>	<input type="radio"/>			
<input type="radio"/> <b>Acrylic</b> (Default) <input type="radio"/> <b>Flexible Denture</b> <input type="radio"/> <b>Digital</b>			<b>Orthodontic Appliances</b>		
<b>Partial:</b>			Active ROA (Draw Design Below)		
Try-in			<input type="radio"/>		
Finish			<input type="radio"/>		
<b>Full: (Non Flexible)</b>			Fixed Devices (Draw Design Below)		
Try-in			<input type="radio"/>		
Finish			<input type="radio"/>		
<input type="radio"/> Replica Denture <input type="radio"/> Standard <input type="radio"/> High-Impact Acrylic			Essix Retainer		
<input type="radio"/> Immediate Replacement			Hawley Retainer		
<input type="radio"/> Tooth-Coloured Clasps Shade:			Memosil lingual wire stent		
<input type="radio"/> Clear Clasps			<b>Anti-Snoring Device</b>		
			EMA		
			Silensor SL		
			Moses (Snoring +/- sleep apnoea)		
			<b>Miscellaneous</b>		
			Mouthguard Junior (3mm)		
			Mouthguard Standard (5mm)		
			Mouthguard Professional (6mm + 3mm)		
			Bleaching Trays		
			Denture repair		

**QUEST RANGE** \*If Range has not been selected it will default to SCD Range

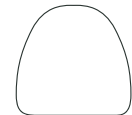
For turnaround times please refer to price list.

<b>Denture Preparation</b>	<b>U</b>	<b>L</b>
Special Tray	<input type="radio"/>	<input type="radio"/>
Wax Rim	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> <b>Acrylic</b> (Default) <input type="radio"/> <b>Flexible Denture</b> <input type="radio"/> <b>Digital</b> (Quicker turnaround: 2-3 days)		
<b>Partial:</b>		
Try-in		
Finish		
<b>Full: (Non Flexible)</b>		
Try-in		
Finish		
<input type="radio"/> Replica Denture <input type="radio"/> Standard <input type="radio"/> High-Impact Acrylic		
<b>Other Products</b>		
Occlusal Splint (Hard/Soft)		
Occlusal Splint (Hard)		
Occlusal Splint Nightguard (Soft)		
Bleaching Splint		
Mouthguard Junior (3mm)		
Mouthguard Standard (5mm)		
Mouthguard Professional (6mm + 3mm)		
Denture repair		

**TEETH CHART**

**ADDITIONAL INSTRUCTIONS**

**SHADE** (please email images)



**MATERIAL ENCLOSED**

Please tick

	<b>DR</b>	<b>SCD</b>
Denture Teeth	<input type="radio"/>	<input type="radio"/>
Upper Teeth set on Wax	<input type="radio"/>	<input type="radio"/>
Lower Teeth Set on Wax	<input type="radio"/>	<input type="radio"/>
Upper Model or Impression	<input type="radio"/>	<input type="radio"/>
Lower Model or Impression	<input type="radio"/>	<input type="radio"/>
Upper Wax Rim	<input type="radio"/>	<input type="radio"/>
Lower Wax Rim	<input type="radio"/>	<input type="radio"/>
Bite Registration	<input type="radio"/>	<input type="radio"/>
Upper Framework	<input type="radio"/>	<input type="radio"/>
Lower Framework	<input type="radio"/>	<input type="radio"/>
Articulator	<input type="radio"/>	<input type="radio"/>
Upper Final Denture to Adjust	<input type="radio"/>	<input type="radio"/>
Lower Final Denture to Adjust	<input type="radio"/>	<input type="radio"/>
Upper or Lower previous	<input type="radio"/>	<input type="radio"/>
Denture to return as a guide	<input type="radio"/>	<input type="radio"/>
Voucher Attached #	<input type="radio"/>	<input type="radio"/>
Images to be emailed	<input type="radio"/>	<input type="radio"/>

**PROMO CODE**