



PA Dental Lab Services
 14 West Street
 Portchester
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padentallabservices@gmail.com
 GDC Reg: 165952

1. Special Tray & Bite

Date required (*one day before patient appointment*).....

Date Received at Laboratory:.....

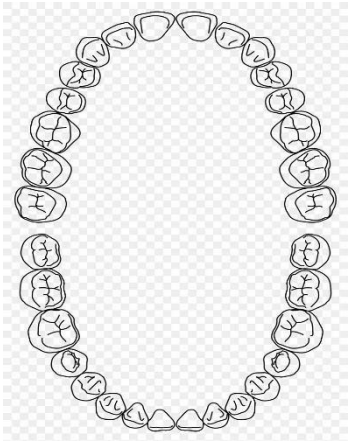
Denture Order Form

Surgery Name	Dentist Name	Patients Name
Items included with work (lab use only)	Lab Number (lab use only)	Work accepted by Lab (Lab use only)

2. Try-In

Date required (*one day before patient appointment*).....

Date Received at Laboratory:.....



Shade _____

Teeth to be replaced _____ | _____

Clasps _____ | _____

Tooth colour clasp _____ | _____

Clear _____ | _____

Dentist's Instructions

3. Re-Try

Date required (*one day before patient appointment*).....

Date Received at Laboratory:.....

Denture Design Notes
 Standard Premium
 Cobalt Chrome Acrylic

4. Finish

Date required (*one day before patient appointment*).....

Date received by Laboratory:.....

5. Work compliant with order	Initials	Date
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