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### Dental Laboratory

Delivery Address :  
Room B2, 6/F, Kwun Ngan House,  
751 A-C Nathan Road, Kowloon, Hong Kong  
九龍彌敦道751A-C號冠顏樓6樓B2室  
Tel : (852) 9347 8667 Fax : (852) 3013 9659

Date : \_\_\_\_\_

Dr. Name : \_\_\_\_\_

Contact No. : \_\_\_\_\_

Patient Name : \_\_\_\_\_

**Internal Use Only**

Date Wanted : \_\_\_\_\_

Case No. : \_\_\_\_\_

Start Date : \_\_\_\_\_

Finish Date : \_\_\_\_\_

WhatsApp : (852) 9347 8667

Lab. Instructions : \_\_\_\_\_  
Date : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Ortho trim	Anat. trim	Articulated
Master	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duplicate #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duplicate #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulator :	Centre line :		
Date return :			

Lab. Instructions : \_\_\_\_\_  
Date : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Master	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duplicate #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duplicate #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulator :	Centre line :		
Date return :			

Surgical Procedure : \_\_\_\_\_

Pre-operative Laboratory Preparation :

- Customer Arch Bars
- Occlusal Wafers
  - Intermediate 1 : \_\_\_\_\_
  - Intermediate 2 : \_\_\_\_\_
  - Final : \_\_\_\_\_
  - Over-correction :
- Palatal Arch Bar
- Others : \_\_\_\_\_

