

Dental Laboratory

Delivery Address :
 Room B2, 6/F, Kwun Ngan House,
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Date : _____

Dr. Name : _____

Contact No. : _____

Patient Name : _____

Date Wanted : _____

Internal Use Only

Case No. : _____

Start Date : _____

Finish Date : _____

Date of Impression : _____

Tooth Shade

A1	A2	A3	A3.5	A4	B1	B2	B3	B4	C1	C2	C3	C4	D2	D3	D4	Others

Instructions :

Price Up-to-date : Jan '2018

Job Description (Per arch) HKD

- Upper Lower Both
- Full Acrylic Denture
- Partial Acrylic Denture from
- Addition Teeth from
- Reline / Rebase (Full / Partial)
- Repair of Fracture
- Soft Liner
- Metal Frame plus
- Bite Block - Wax Base
- Bite Block - Acrylic Base
- Bite Block - Permanent Base
- <<Addition Charge>>**
- S.S. Wire Clasp / Rest each
- Cast Clasp (Single Arm) each
- Ivoclar Teeth* 1 set
- BioTone Teeth 1 set
- Others : _____

* Standard protocol unless specified
 ** All price is not include the cost of teeth

More Details: HKD

- Addition Teeth / Partical Acrylic Denture
 - 1st & 2nd Teeth
 - 3 - 9 Teeth each plus
 - 10 -13 Teeth
- Cast Clasp (Double Arm)
- Strengthenner
- Tooth Colour Clasp
- Flexible Denture plus

Calculation : HKD

Full Acrylic Denture (Upper)	
Ivoclar Teeth	2 set
Total :	
Partial Acrylic Denture (3 Teeth)	
Ivoclar Teeth	1 set
Total :	
Additional Teeth (2 Teeth)	
~Teeth provied by clinic~	
Total :	

+ No addition charge with the teeth provided

