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Dental Laboratory

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Upper6

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Date : _____

Dr. Name : _____

Contact No. : _____

Patient Name : _____

Date Wanted : _____

Internal Use Only

Case No. : _____

Start Date : _____

Finish Date : _____

Lab. Instructions :

Date :

Master

Ortho trim

Anat. trim

Articulated

☐☐☐

Duplicate #1

☐☐☐

Duplicate #2

☐☐☐

Articulator :

Centre line :

Date return :

Lab. Instructions :

Date :

Master

☐☐☐

Duplicate #1

☐☐☐

Duplicate #2

☐☐☐

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 : _____

