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Dental Laboratory

Delivery Address :

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Tel : (852) 9347 8667 Fax : (852) 3013 9659

WhatsApp : (852) 9347 8667

Date : _____

Dr. Name : _____

Contact No. : _____

Patient Name : _____

Date Wanted : _____

Internal Use Only

Case No. : _____

Start Date : _____

Finish Date : _____

Price Up-to-date : Jan '2018

Date of Impression : _____

Acrylic Base Colour

Clear* Pink Yellow

Instructions :

Job Description (Per arch) HKD

- Upper Lower Both
- Study Model (Upper & Lower)
- Hawley Retainer
- Begg's Retainer
- Invisible Retainer
- Wrap Around Retainer
- Bite Plane
- Band & Loop Maintainer
- Spring Retainer
- RME (Screw-Extra Fee)
- Fixed Retainer (Twist Wires)
- T.P.A.
- Bleaching Tray
- Night Guard (Soft)
- Acrylic Special Tray
- Others : _____

* Standard protocol unless specified

