Hauraki Smiles
Dental Laboratory

Removable Restorations
Prescription Form

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Type of Restoration

Trays & Bite Blocks

- ☐ OS01A Special Tray
- ☐ OS01B Bite Block
- ☐ OS01S Combined Tray/Bite Block

Acrylic Dentures

- ☐ AD01NT Acrylic Partial / Denture
- ☐ CCMS CoCr Mesh Strengthener
- ☐ GAUZE Gauze Strengthener
- ☐ ADSOFT Soft Liner
- ☐ RELINE

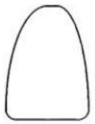
Clasps: (please circle)
Wire / Clear / Pink / Tooth colour

Valplast Flexible Dentures

- ☐ AD02NT Valplast Partial

Shade

Shade.....



Metal Frameworks

- ☐ VPDF Vitallium Framework
- ☐ CCFO Chrome Cast Framework
- ☐ TTFO Titanium Framework

Finishing

Acrylics & Valplast:

- ☐ Teeth set in wax for try in
- ☐ Go to finish

Metal dentures:

- ☐ Framework only
- ☐ Teeth set in wax for try in
- ☐ Acrylic base/Teeth added - go to finish

Enclosed in Package

Impression disinfected & dry: ☐ Yes ☐ No

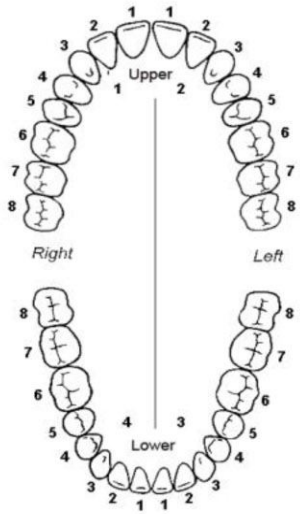
	Quantity	Received by HS
Study Models	_____	_____
Alginate	_____	_____
Rubber	_____	_____
Bite	_____	_____

Special Instructions

☐ (tick) **Scan files sent**

Circle teeth required

Upper Right								Upper Left							
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Lower Right								Lower Left							



Evaluation Box

Practitioner _____

Practice _____

Address _____

_____

Tel. No. _____ : _____
(area code) (number)

Patient Name

_____

Age _____ ☐ Male ☐ Female

Fit Date _____

Practitioner's Signature

_____

_____ (Date)

For Office Use

Date received _____

Job No. _____

_____
Inspecting Technician

This is a custom-made device for the exclusive use of the patient and conforms to the relevant essential requirements as set out within Appendix 1 of the MHRA directive (93/42/EEC).

Relevant essential requirements not met and reasons why are listed in the evaluation box.