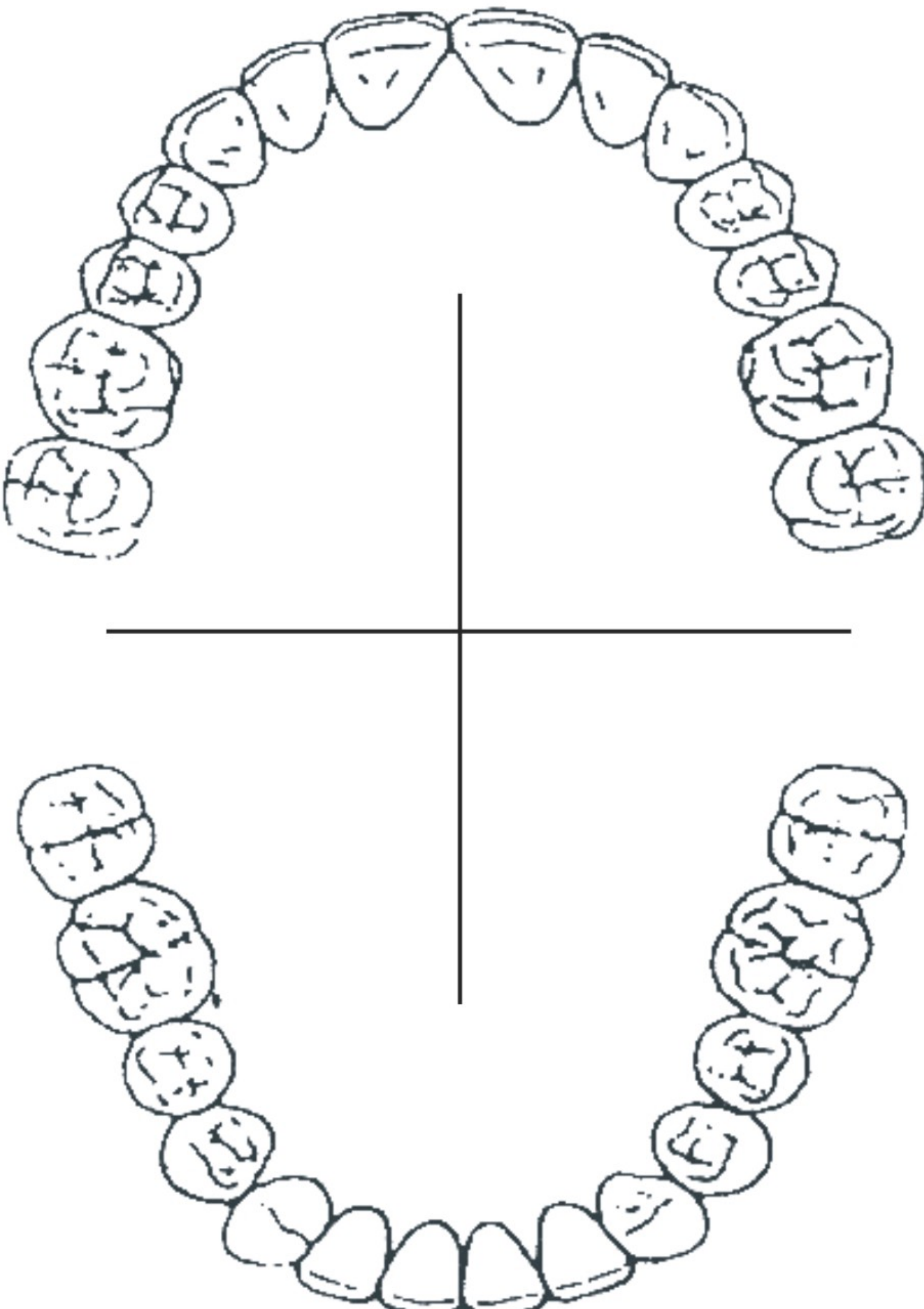




Dental Laboratory Limited

# Framework & Denture & Orthodontic

<b>Clinic</b>		<b>Dr.</b>		<b>P't</b>		<b>Age</b>	<b>Ref:</b>		
<b>Received</b>	<b>Month</b>	<b>Date</b>	<b>Try-in</b>	<b>Month</b>	<b>Date</b>	<b>Finish</b>	<b>Month</b>	<b>Date</b>	
	AM	PM		AM	PM		AM	PM	
<b>Framework</b>		<b>Type of Acrylic</b>		<b>Flexible Denture</b>		<b>Teeth and Brand name</b>		<b>Others</b>	
<input type="checkbox"/> Cr-Co Framework <input type="checkbox"/> Vitallium 2000 <input type="checkbox"/> Titanium <input type="checkbox"/> Pure Titanium <input type="checkbox"/> 24K Gilt		<input type="checkbox"/> Lucitone 199 Denture Base Resin <input type="checkbox"/> Dentsply QC-20 <input type="checkbox"/> Super Soft Liner <input type="checkbox"/> Temporary Denture		<input type="checkbox"/> Valplast <input type="checkbox"/> Vaplast + Metal Framework <input type="checkbox"/> Dentsply FRS		<input type="checkbox"/> Porcelain Teeth <input type="checkbox"/> (A) IVOCLAR <input type="checkbox"/> (B) Densply Cosmmo <input type="checkbox"/> Resin Teeth		<input type="checkbox"/> Wrought Wire <input type="checkbox"/> Base Plate+ Occlusal rim <input type="checkbox"/> Individual tray <input type="checkbox"/> Reline <input type="checkbox"/> Reline(softliner)	
<b>Shade :</b> 								<input type="checkbox"/> Special Instruction <input type="checkbox"/> Orthodontic <input type="checkbox"/> Retainer/Fixed/Splint	
<b>Rx :</b>								<input type="checkbox"/> Lower: <input type="checkbox"/> Lingual Bar <input type="checkbox"/> Lingual Plate <input type="checkbox"/> Upper: <input type="checkbox"/> Full Palatal Plate <input type="checkbox"/> Horseshoe Plate <input type="checkbox"/> Mid-palatal Bar <input type="checkbox"/> Posterior Palatal Bar <input type="checkbox"/> Anterior Palatal Bar <input type="checkbox"/> Ring Bar	
<b>Design</b>	<b>Wax-Up</b>	<b>Metal Fitting</b>	<b>Metal Polish</b>	<b>Arrangement</b>	<b>Resin Polish</b>	<b>Total Checker</b>			