Dentist _____   Practice Name _____

Practice Address _____   Suburb _____   Postcode _____

Tel _____   Email _____

Patient ID _____   Date _____

BATCH # (Office only)

Patient ID - If patient name is listed here, please ensure you have written patient consent.

☐ New Case   ☐ Continuation/Remake   Account Number ☐☐☐☐   Work Required by ☐☐ Day ☐☐ Month

SCD RANGE
Turnaround time: **10 working days**   * Default

Denture Preparation	U	L
Special Tray	○	○
Wax Rim	○	○

Metal Partials	U	L
Casting (Frame)	○	○
Casting (Frame) with wax rim	○	○
Casting & Try-in with teeth	○	○
Casting Process/Finish	○	○
Ti-base	○	○

○ **Acrylic**   ○ **Flexible Denture**

Partial:
	U	L
Try-in	○	○
Finish	○	○

Full: (Non Flexible)
	U	L
Try-in	○	○
Finish	○	○

○ Standard*
○ High-Impact Acrylic

○ Immediate Replacement _____|_____

○ Tooth-Coloured Clasps _____|_____
   Shade:

○ Clear Clasps _____|_____

Occlusal Splints	U	L
Flat Plane Hard	○	○
Flat Plane Hard/Soft	○	○
Flat Plane Soft	○	○
Michigan (Canine Rise) Hard	○	○
Michigan (Canine Rise) Hard/Soft	○	○
Soft Splint	○	○
Soft Splint with Canine Rise/Ramp	○	○
Gelb		○
NTI	○	

Orthodontic Appliances	U	L
Active ROA (Draw Design Below)	○	○
Fixed Devices (Draw Design Below)	○	○
Essix Retainer	○	○
Hawley Retainer	○	○
Memosil lingual wire stent	○	○

Anti-Snoring Device
EMA	⬭
Silensor SL	⬭
Moses (Snoring +/- sleep apnoea)	⬭

Miscellaneous	U	L
Mouthguard standard	○	○
Mouthguard professional	○	○
Bleaching Trays	○	○
Denture repair	○	○

PROFORM RANGE
Turnaround time: **10 working days**

Other Products		
Proform Standard mouthguard	○	○
Proform Professional Dual mouthguard	○	○
Proform Professional Plus mouthguard	○	○

SHADE (please email images)
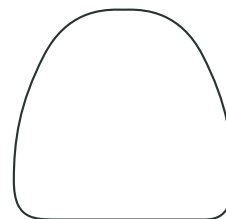
MATERIAL ENCLOSED
Please tick ✓

	DR	SCD
Denture Teeth	○	○
Upper Teeth Set on Wax	○	○
Lower Teeth Set on Wax	○	○
Upper Model or Impression	○	○
Lower Model or Impression	○	○
Upper Wax Rim	○	○
Lower Wax Rim	○	○
Bite Registration	○	○
Upper Framework	○	○
Lower Framework	○	○
Articulator	○	○
Upper Final Denture to Adjust	○	○
Lower Final Denture to Adjust	○	○
Upper or Lower previous	○	○
Denture to return as a guide	○	○
Voucher Attached #	○	○
Images to be emailed	○	

All items sent to SCD must be decontaminated according to Dental Council of New Zealand for infection control.

TEETH CHART
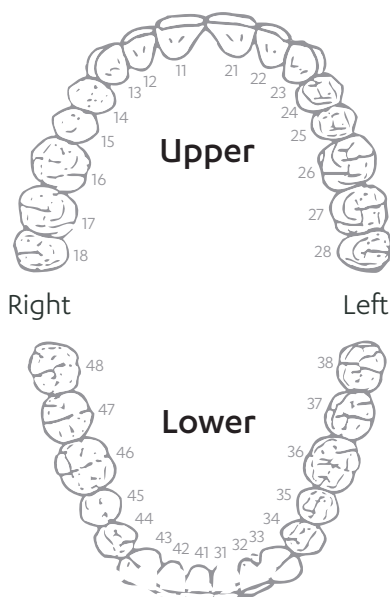
ADDITIONAL INSTRUCTIONS

PROMO CODE