

City	Phone#
Dr.'s Signature	WED THU FRI ☐ A.M. ☐ P.M. ☐ P.M.
REMOVAL	BLE PROSTHETICS
Arch Restoration Maxillary Partial Denture Diagnostics AvaDent Pour cast Immediate Mount Reline Custom tray Rebase Occlusal rim Repairs Set up Tooth # Re set Fracture Mould Cast clasp/	Frame/Clasp Tooth # Process & Finish Cast frame
8 9 10 11 12 Design 3 1 14 2 UPPER 15 15 1	22 23 24 25 26 27 21 28 29 19 30 LOWER 1 31
	Patient

Date_