MODERN
Dental Laboratory SG

DENTURES

Pick Up / Customer Service:
+65 6254 1138

DOCTOR: _____
PATIENT: _____
DATE SENT: _____

DCR CODE: _____ (Compulsory)
AGE: _____ M / F
DATE REQUIRED: _____ _____ AM / PM

BARCODE

202601

EVO Fusion Digital Denture

- ☐ U / L Custom Tray (Optional)
- ☐ Bite Registration
  - ○ U / L Traditional Full Wax
  - ○ U / L Printed Base + Wax Rim
  - ○ U / L Duo Bite Block
- ☐ U / L Milled Complete Denture
- ☐ U / L 3D-Printed Complete Denture
- ☐ U / L 3D-Printed Partial Denture With CoCr Framework

Procedure

- ☐ Perforated ☐ Non-Perforated
- ☐ Try-in ☐ Finish
- ☐ Finish ☐ Re-adjustment
- ☐ Finish

Removable Restoration

- ☐ U / L Acrylic Denture
- ☐ U / L Flexible Denture
- ☐ U / L ReSure Partial Denture
- ☐ U / L CoCr Denture
- ☐ U / L Titanium Denture
- ☐ U / L Custom Tray
- ☐ U / L Wax Rim
- ☐ U / L Re-Tryin

Procedure

- ☐ Set Up ☐ Finish
- ☐ Set Up ☐ Finish
- ☐ Frame ☐ Set Up ☐ Finish
- ☐ Frame ☐ Set Up ☐ Finish
- ☐ Frame ☐ Set Up ☐ Finish
- ☐ Perforated ☐ Non-Perforated

Others

- ☐ Ultra High Impact Acrylic
- ☐ Tooth Color / Clear / Gold Wire Clasp
- ☐ Clear Permanent Base
- ☐ Anterior Gum Fitting
- ☐ Repair / Rebase / Reline
- ☐ Add Clasp / Tooth
- ☐ Soft Lining
- ☐ Remake

Acrylic Teeth

- ☐ Standard* ☐ Premium

Tooth Form

- ☐ Triangular
- ☐ Square
- ☐ Oval

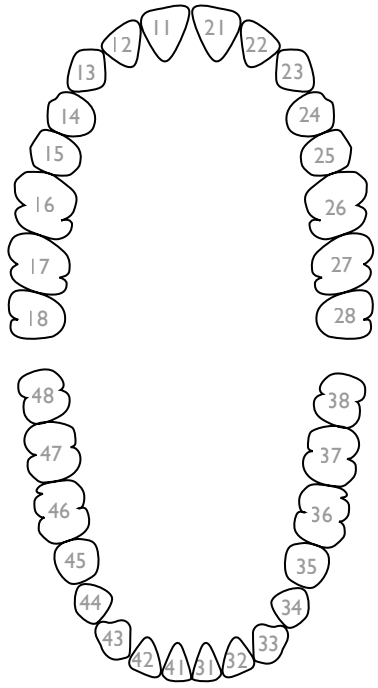
Combination Denture / Other requirement

- ☐ Please specify: _____

Shade

☐ Shade Matching

Shade matching hotline:
+65 6254 1138



DOCTOR'S INSTRUCTIONS

DOCTOR COPY

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Clinic Name & Chop:_____

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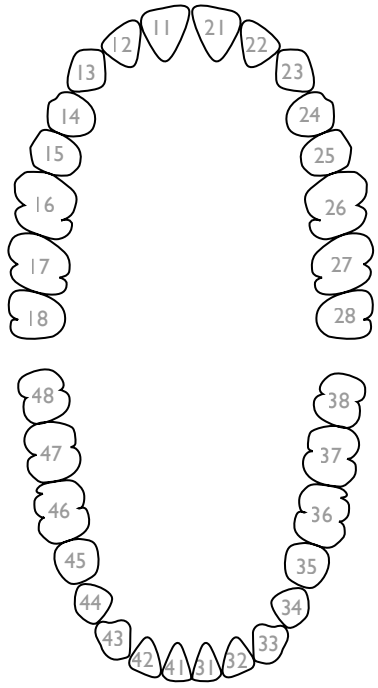

DOCTOR'S INSTRUCTIONS

LAB COPY

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Clinic Name & Chop:_____

MODERN
Dental Laboratory SG

DENTURES

Pick Up / Customer Service:
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DOCTOR: _____

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AGE: _____ **M / F**

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BARCODE

202601

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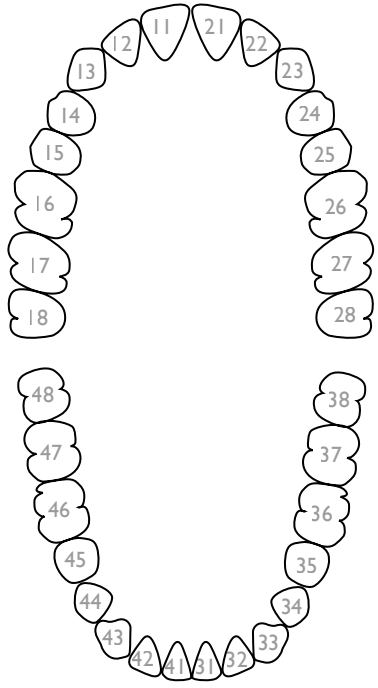

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MDL COPY

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