ORTHODONTIC AND OTHER APPLIANCE WORK FORM

AccuPro labs

Dentist	
Name/Address of Practice	
Type of Work	

Age	Female ◯ Male ◯
Date Sent	

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Shade

Special Tray		Post & Core	
Study Models		Acrylic Crown Bridge	
Try-in		Gold Inlay/Onlay	
Veneers		Gold Crown	
Orthodontic Appliance		Gold Bridge	
Partial Denture		Non-Precious Inlay/Onlay	
Full Denture		Non-Precious Crown	
Bite Blocks		Non-Precious Bridge	
Special Trays		Ceramo-metal Crown	
Bleaching Trays		Ceramo-metal Bridge	
Bite Guards		Dental Repair	

Enclosures

Silicon Impression	U L
Squash Bite	
Restoration	
Post & Core Impression	
Alginate Impression	U L
Models	U L
Articulator	
Others	

SPECIAL INSTRUCTION

PLEASE PRINT LEGIBLY IN BLOCK LETTERS & DO NOT ABBREVIATE.

DELIVERY INSTRUCTIONS

Date _____ Ikeja ◯ Apapa ◯ Ikoyi ◯

Final inspection approved for released by:

Name _____

Signature _____ Date _____

Instructions _____

This is a custom-made dental appliance that has been manufactured to satisfy the attributes, characteristics, properties and features specified by the prescriber for the above named patient.

Received by _____

Signature _____ Date *(required)* _____

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