Advanced Pros Services

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Preston, 3072

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www.advancedpros.net

www.advancedpros.com.au

CLINIC : _____

ADDRESS: _____

CONTACT: _____

CLINICIAN: _____

DUE DATE: *(PLEASE NOTE DELIVERIES ARE BY 5PM ON DUE DATE)*

_____

PATIENT: _____

AGE: _____ **M / F:** _____

SUPPLIED WITH CASE: *(PLEASE CIRCLE)*

IMPRESSIONS SCAN FILE REGISTRATION
EXISTING MODELS PREVIOUS APPLIANCE

Please note; Scan files (STL etc.) can be emailed directly to the laboratory

APPLIANCE TYPE AND DESIGN

(circle as required)

SPECIAL TRAY (UPPER) (LOWER) **WAX, PACK & FINISH**

DENTURES (FULL) (PARTIAL) **CRCO CASTING**

FLEXIBLE PARTIAL DENTURE (ASTRON) (VALPLAST)

OCCLUSAL SPLINT (HARD) (DUAL LAMINATE) (SOFT)

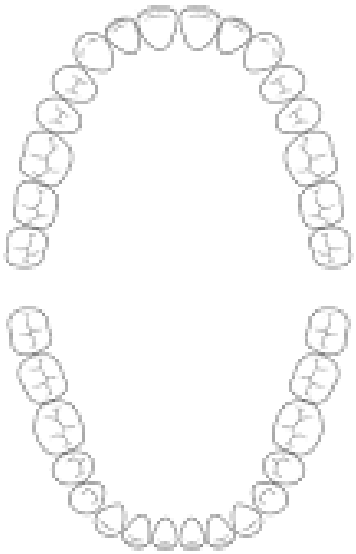
ANTI-SNORING DEVICE (M.D.S.A) (EMA) (RIGID)

MOUTHGUARD (single, dual, multi-colour) _____

ORTHODONTICS (appliance type) _____

CROWN & BRIDGE (NP) (PFM) (ALL CERAMIC) (GOLD)

SHADE: **TOOTH NUMBER:**



PTO

APPLIANCE TYPE AND DESIGN