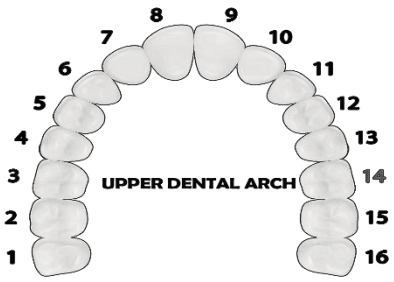
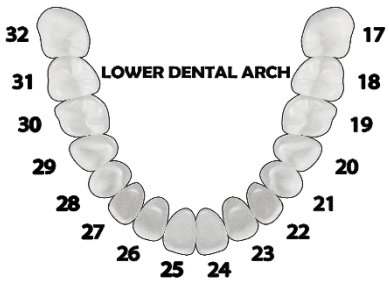
McConaghie
DENTAL LAB

DATE: _____

PATIENT: _____

DESIGN CASE HERE





TYPE RESTORATION _____

SHADE _____

MOULD _____

MATERIAL _____

_____

TRY IN _____

FINISH _____

DESIGNATE RIGHT AND LEFT

DENTURES: ECONOMY _____ OR PREMIUM _____

PLEASE WRITE CLEARLY AND MAKE INSTRUCTIONS AS COMPLETE AS POSSIBLE. USE REVERSE SIDE IF NECESSARY

CALL DOCTOR:

WHEN REDUCTION IS INSUFFICIENT:

PROVIDE REDUCTION COPING ☐ TRIM OPPOSING ☐ METAL ISLAND / OCCLUSAL ☐

SIGNATURE _____

ADDRESS _____

DENTAL LICENSE NUMBER _____