



Melbourne Smiles

Denture Clinic

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Practice:

Dentist:

Patient:

Appliance:

SPECIAL TRAYS:

Upper: Lower:

Date: Time: am/pm

WAX RIMS:

Upper: Lower:

Date: Time: am/pm

BLEACH TRAYS:

Upper: Lower:

Date: Time: am/pm

MOUTH GUARD:

Date: Time: am/pm

TEETH:

Shade

Shape



TRY-IN:

Instructions over page

Date: Time: am/pm

COBALT CHROME FRAMEWORK

(Please allow 10 working days for frames)

Upper: Lower:

Date: Time: am/pm

RETRY:

Instructions over page

Upper:

Date: Time: am/pm

FINISH:

Instructions over page

Date: Time: am/pm

CASE INSTRUCTIONS:

