



OMEGADEN LABORATORY

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No: _____

DR. _____

PATIENT'S NAME: _____

AGE: _____ MALE FEMALE

DATE SENT: _____

DATE WANTED: _____ AM PM

REMOVABLE PROSTHESIS

BASE MATERIAL / FRAMEWORK

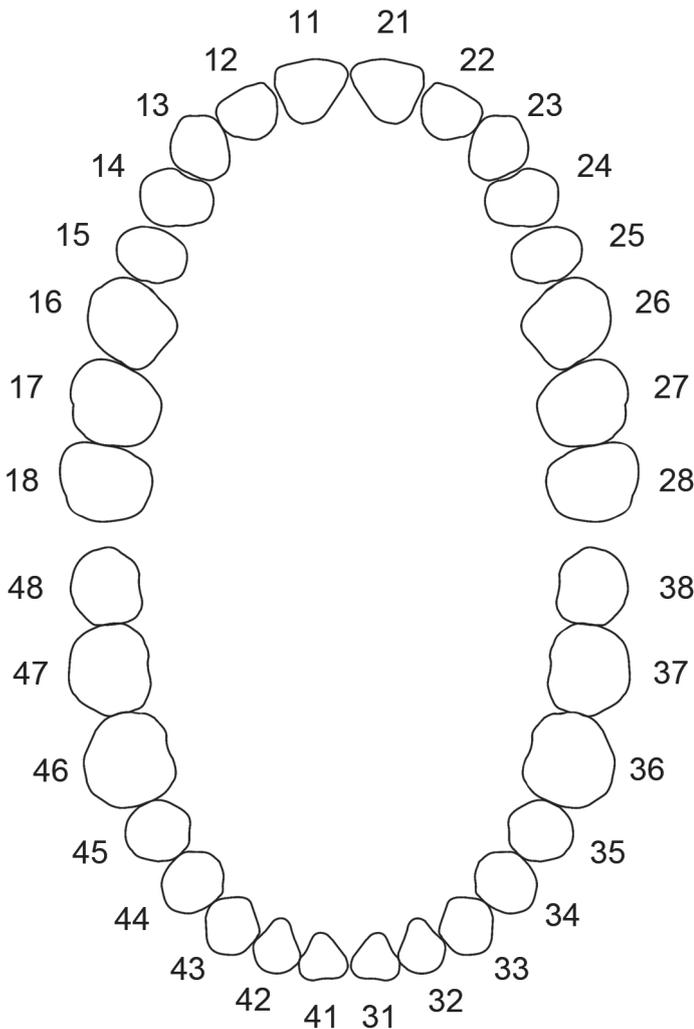
- SEMI-FLEXIBLE
- FLEXIBLE
- ACRYLIC
- HIGH IMPACT ACRYLIC
- COBALT CHROME FRAMEWORK
- TITANIUM FRAMEWORK
- OTHERS: _____

SPLINTS

- ESSIX RETAINERS
- SOFT NIGHT GUARD
- DUAL LAYER NIGHT GUARD
- 3D PRINTED OCCLUSAL SPLINT
- OTHERS: _____

OTHERS

- RELINE
- REBASE
- REPAIR
- CUSTOM TRAY
- BITE RIM
- BASE PLATE



Attached with case:

- | | | |
|----------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Study models | <input type="checkbox"/> Bite | <input type="checkbox"/> Dentures |
| <input type="checkbox"/> Master models | <input type="checkbox"/> Trays | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Impressions | <input type="checkbox"/> Shade guide | <input type="checkbox"/> Misc |

SHADE: _____