



Please send digital images to: [photos@mcdowell-service.com](mailto:photos@mcdowell-service.com)

## Removable Prosthodontics & Orthodontics Prescription

PLEASE TICK AS APPROPRIATE

Dentist .....

Address .....

.....

.....

.....

Patient .....

Male  Female  Age .....

Acc. No. ....

E-mail .....

**Prosthetics / Chrome**

Special Tray Date: .....

Perforated  Non-Perforated

Wax Rim Date: .....

Wax Base  Light Cure Base  Heat Cure Base

Cobalt Chrome

Titanium Date: .....

Try-In Date: .....

Re-Try Date: .....

Tooth Coloured Clasps (Shade Required)

Gold Clasps

Stainless Steel Clasps

**Prosthetics / Chrome**

**PROCESS/FINISH**

SR Ivocap Injection Moulded

XPLEX Dual High Impact

Valplast (Flexible)

Gingival Tint

Soft Lining

Reline, Heat Cure

Reline, Cold Cure

Repairs

Addition

**DATE REQUIRED:** .....

**Orthodontics**

Ortho Appliances  
Please Specify: .....

Sports Mouthguard

Clear  Coloured

Essix  Hawley

Bleaching Tray

Michigan Splint

Tanner Appliance

Soft Bite Splint

Hard Pressure Formed Splint

Acrylic Splint

Erkoloc Hard / Soft Splint

Anti Snoring Device

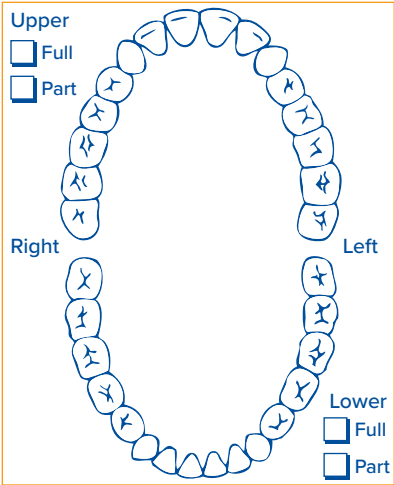
Study Models Basic **DATE REQUIRED:** .....

Study Models Angles Trimmed .....

**SHADE** .....

**MOULD** .....

Stains & Characterisations



**Case Instructions**

.....

.....

.....

**Impressions Must Be Disinfected**

**SURGEON'S SIGNATURE** .....

**Charting**

**ENCLOSURES**

ALGINATE U/L

RUBBER U/L

BITE

PHOTO

STUDY MODELS

ARTICULATOR

COMPONENTS

BITE FORK /FACE-BOW

OTHER

**Contract review order accepted on sight of positive model**

SIGNED (Technician) ..... DATE .....