



SOUTH PENINSULA DENTAL LABORATORY

0480 637 831

SPDLaboratory@gmail.com

1341 Point Nepean Rd, Rosebud VIC 3939

Rx Date:

Date Due in Office:

Doctor's Name: _____

Practice Name: _____

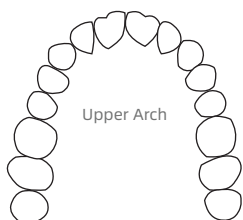
Address Name: _____

Patient Name: _____

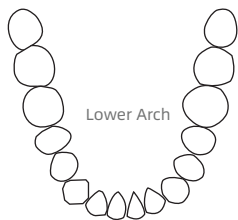
Gender: ☐ M ☐ F Age: _____

EXTRACTIONS

Please mark all teeth to be extracted and replaced



Upper Arch



Lower Arch

PARTIALS

☐ Valplast

☐ Acrylic

☐ CoCr

OTHERS

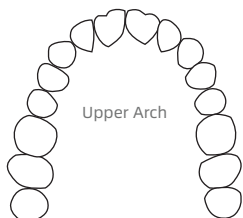
☐ CAD Splint

☐ Soft/Hard Splint

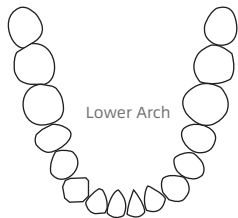
☐ Michigan Splint

CASE DESIGN

☐ Follow the doctor's design ☐ Best design for fit and function



Upper Arch



Lower Arch

RX SPECIFIC INSTRUCTIONS

Please provide any photos, study models, diagnostic casts with case.

Email photos to: SPDLaboratory@gmail.com

Please Send

☐ Rx Forms

☐ Bags

Enclosures Lab use Only

☐ Photo(s) ☐ Analog ☐ Models ☐ Implant Parts

☐ Impression ☐ Bite ☐ Shade Tab ☐ Others

Dentist signature: _____
