

PLEASE PRINT CLEARLY

Doctor:	Clinic:
Date Prepared:	Date Due (by 5pm):

ABN 17 622 957 920 A L 1, 233 Collins Street, Melbourne Vic, 3000 Australia F +61 3 9650 5174 T +61 3 9650 5500

Patient Name:

TYPES

Flat Plane
 Michigan
 MCI
 NTI
 DASSA
 Other types _____

MATERIAL

Acrylic
 (Endura Milled)

INDENTATION

Light
 Heavy

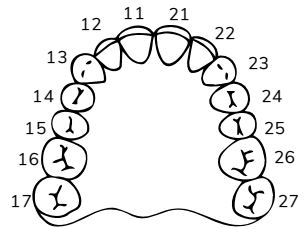
GUIDANCE

Canine guidance
 Anterior guidance

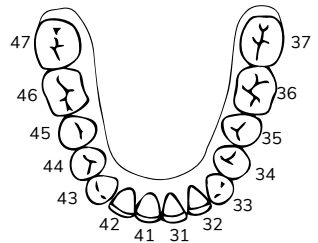
BITE

Open from centric
 Use the bite provided
 Contact dentist

Upper



Lower



COMMENT