

Removable Appliances

Account Number		Treating Dentist (
Address		
Phone Number		Email
Patient Name		Patient Age Male Female
If patient name is listed here, please ensure ye	ou have written patient consent.	Work required by date Day Month
Splints		Dentures - Full (Non Flexible)
Premium Splint (Digitally Made)*		Try-in U L
○ Nylon Splint*		Finish U L
→ Hard/Soft Splint*^		Replica Denture Standard
*Canine Guidance O Yes O No		☐ Immediate Replacement
^Acrylic Addition	o will manufacture	
*^Please be advised if box isn't ticked, we will manufacture splint best suited to the patient requirements.		Other
Night Splint (Soft)	Anterior Jig	○ Bleaching Trays ○ Snore Appliance
Dentures - Preparation		Orthodontic Retainer
Special Tray	O U O L	O Temporary Crown Vacuum Shell
Wax Rim	O U O L	O Temporary Crown Vacuum Shell (with tooth)
Dentures - Partial		PROFORM Mouthguards
Try-in	O U O L	Single Laminate (one colour only)
Finish	\bigcirc U \bigcirc L	O Double Laminate
Acrylic (Default) Flexible Der	nture	O Professional Sports Guard (Triple layer)
Dentures - Metal Partials		O Colour
Casting (Frame)	\cap \cup \cap \sqcup	Name on Mouthguard (Double & Professional only)
Casting (Frame) with wax rim	0 U 0 L	If box is unticked, no name will be added
Casting & Try-in with teeth	O U O L	Specify name:
Casting Process/Finish	\bigcirc U \bigcirc L	
Additional Information Promo Code Shade		
		(please email images)
		Select teeth numbers:
		18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28
		48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38
Materials Enclosed		
Please tick Dr Andent		
	O Triple Tray	O Ulphor Final Donture to Adjust O O Bits Devictoria
Triple TrayUpper Impression		 ○ Upper Final Denture to Adjust ○ Lower Final Denture to Adjust ○ Previous splint/appliance
O C Lower Impression		Upper or Lower Previous Shade Tab
O Denture Teeth O	_	O Upper Model O Voucher Attached #
Upper Teeth set on WaxLower Teeth set on Wax		 ○ Lower Model ○ Denture to return as a guide ○ Denture to return as a guide Photos to be emailed to photos@andent.com
	- Lower Halliework	

Postal Address P.O. Box 18109 Collins Street East Melbourne VIC 8003 Australia

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