



28/29 Castle Street, Sligo F91 E820, Ireland | +353 149 8809 | info@adadentallab.ie

Dentist: 1st Special Tray & Bite:
Address: 2nd Bite only:
3rd Try in:
Phone: 4th Retry:
Email: Fit/Finish Appointment:

Patient Name: Vita Shade: Anterior - Posterior

DOB: Male ☐ Female ☐ Standard teeth: ☐ ☐

MEDICAL CARD ☐ PRIVAT ☐ Advanced teeth: ☐ ☐

<u>Prosthetics</u>	Upper - Lower	Maxilla CoCr	Mandibular CoCr
Acrylic partial:	<input type="checkbox"/> <input type="checkbox"/>	Full palatal coverage: <input type="checkbox"/>	Lingual bar <input type="checkbox"/>
Flexible partial:	<input type="checkbox"/> <input type="checkbox"/>	Ring/Skeletal bar: <input type="checkbox"/>	Lingual plate <input type="checkbox"/>
Full Denture:	<input type="checkbox"/> <input type="checkbox"/>	Horseshoe bar: <input type="checkbox"/>	
Full/Full:	<input type="checkbox"/>	Palatal bar: <input type="checkbox"/>	

Further Instructions & Notes:

