DIGITAL DENTAL LABORATORIES

GOLD COAST | QLD
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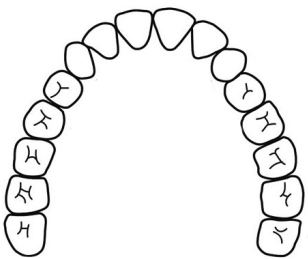
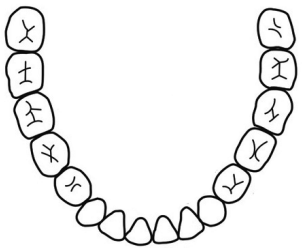
Dentist:	**Date:**
Practice:	
Patient Name:	
Age:	**M** ☐ **F** ☐

TREATMENT PLAN					
☐ F/F	☐ F/P	☐ P/F	☐ F/-	☐ -/F	OTHER (e.g. Implant)
☐ P/P	☐ P/-	☐ -/P			
SHADE		MOULD			

MAXILLA



MANDIBLE



☐ **CASE PHOTOS**

Admin use only

1st Appointment

JOB No.

Models		**Special Trays**		**Wax rims**		**Try-in:** Analogue / Digital		**Finish:** Analogue / Digital	
Reline		**Repair/ Addition**		**Co/CR frame**		**Splint**		**Other**	

Admin use only

APPOINTMENT DATE: **TIME:**

Admin use only

2nd Appointment

JOB No.

Models		**Special Trays**		**Wax rims**		**Try-in:** Analogue / Digital		**Finish:** Analogue / Digital	
Reline		**Repair/ Addition**		**Co/CR frame**		**Splint**		**Other**	

Admin use only

APPOINTMENT DATE: **TIME:**

Admin use only

3rd Appointment

JOB No.

Models		Special Trays		Wax rims		Try-in: Analogue / Digital		Finish: Analogue / Digital	
Reline		Repair/ Addition		Co/CR frame		Splint		Other	

Admin use only

APPOINTMENT DATE: **TIME:**

Admin use only

5th Appointment

JOB No.

Models		Special Trays		Wax rims		Try-in: Analogue / Digital		Finish: Analogue / Digital	
Reline		Repair/ Addition		Co/CR frame		Splint		Other	

Admin use only

APPOINTMENT DATE: **TIME:**

Admin use only

4th Appointment

JOB No.

Models		Special Trays		Wax rims		Try-in: Analogue / Digital		Finish: Analogue / Digital	
Reline		Repair/ Addition		Co/CR frame		Splint		Other	

Admin use only

APPOINTMENT DATE: **TIME:**

Admin use only

6th Appointment

JOB No.

Models		Special Trays		Wax rims		Try-in: Analogue / Digital		Finish: Analogue / Digital	
Reline		Repair/ Addition		Co/CR frame		Splint		Other	

Admin use only

APPOINTMENT DATE: **TIME:**