



OMEGADEN LABORATORY

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No: _____

┌ DR. _____

└ PATIENT'S NAME: _____

AGE: _____ MALE FEMALE

DATE SENT: _____

└

└ DATE WANTED: _____ AM PM

REMOVABLE PROSTHESIS

BASE MATERIAL / FRAMEWORK

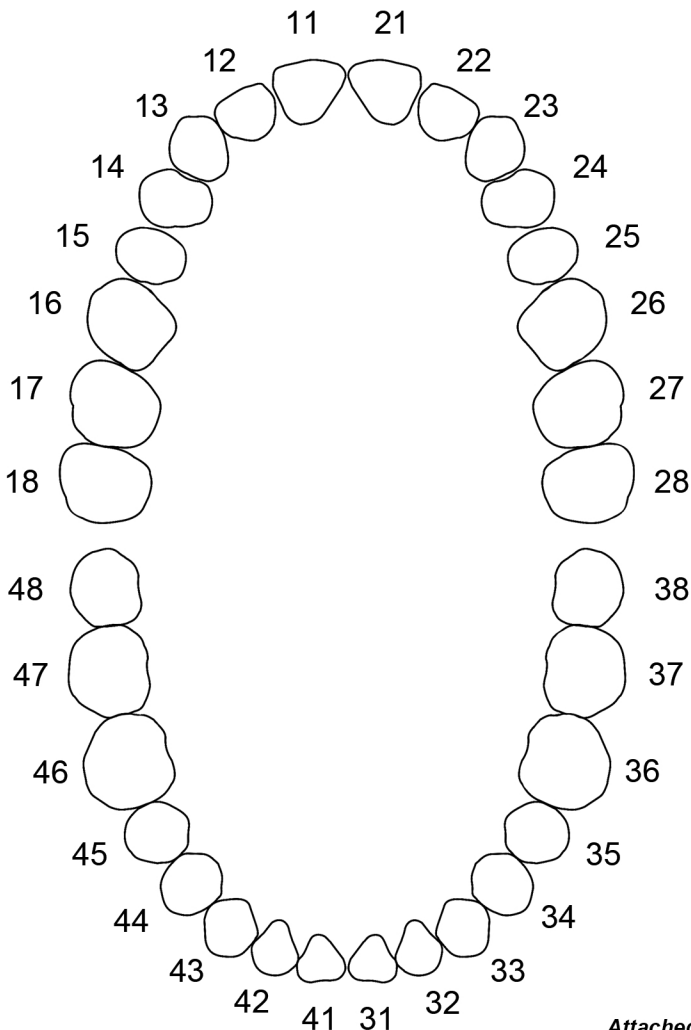
- VERTEX THERMOSENS FLEXIBLE
- HIGH IMPACT ACRYLIC
- ACRYLIC
- CHROME COBALT FRAMEWORK
- OTHERS: _____

SPLINTS

- ESSIX RETAINERS
- SOFT NIGHT GUARD
- DUAL LAYER NIGHT GUARD
- 3D PRINTED OCCLUSAL SPLINT
- OTHERS: _____

OTHERS

- RELINE
- REBASE
- REPAIR
- CUSTOM TRAY
- BITE RIM
- BASE PLATE



Attached with case:

- Study models
- Master models
- Impressions
- Bite
- Trays
- Shade guide
- Dentures
- Photo
- Misc

SHADE: _____