

MHRA: 5191

dynasty

DENTURE SOLUTIONS
YOU SMILE ★ WE SMILE

Clinician

Practice Address

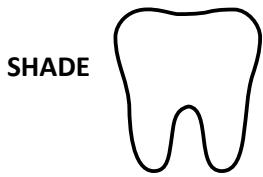
..... Post Code

Telephone

Email

Patient Name

Age Male  Female 



Specification

Silver



Gold



Platinum



Acrylic



Flexible



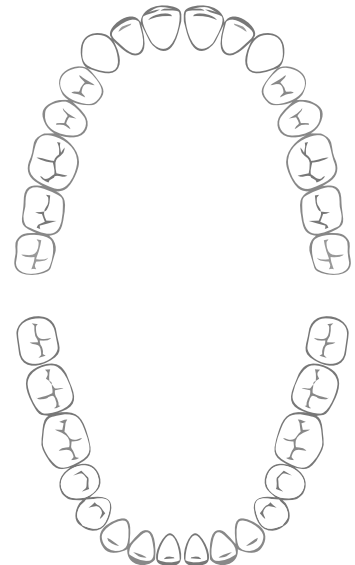
Cocr



Implant

















Special Instructions



LABTRAC

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

	Date	Technician		Date	Technician
Upper Special Tray 	Repair	.....	.....
Lower Special Tray 	Addition	.....	.....
Upper Bite Reg 	Reline	.....	.....
Lower Bite Reg 	Clasps	.....	.....
Try-in 	Finish	.....	.....
Retry 	Vacuum Formed	.....	.....
Soft Lining 	Clear Clasps	.....	.....

LAB USE ONLY

Final Inspection Date Signature