

Male Female Patient

ID _____

Professional _____

Center no. _____

Treatment plan _____

IMPORTANT:

Call _____

See _____

See back
 Photos
 New
 Touch-up

DATE REQUIRED

d d m m y y

S M T W T F S

STEPS

Articulated Trial Fitting

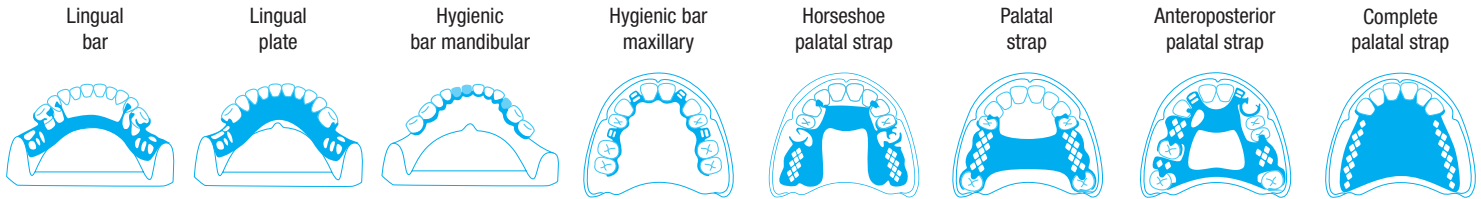
FRS Backing Welding

Tuberosity metal Metal occlusion Repair

Mounting
 Mould _____
 Colour _____

METAL Upper Lower TYPE OF METAL: Cobalt-chrome Titanium With acrylic post dam Full vault

METAL FRAMEWORK



CIRCUMFERENTIAL CLASPS

Akers Multiple circlet Modified circumferential Onlay circular Back-action Double circumferential Half and half circumferential

Upper notes _____

Lower notes _____

BAR CLASPS

Cast "L" Cast "T" Inverse cast "L"