



Dental worksheet

Number:

Date:

Customer / Dentist

Name:

Address:

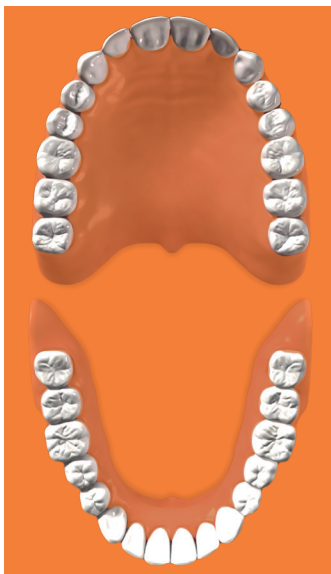
Phone:

Patient

Name:

Age: years Have picture:

Gender: Male Female



RIGHT																		LEFT
	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		

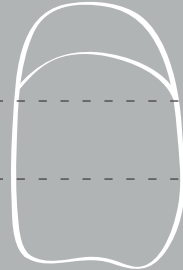
Note

Type

- Zircon
- Implant
- NiØ
- Other:
- Metal
- Metal plate
- Temporary

Tooth color

Stump color



Implant type:



- Imprint element pcs
- Lab. analog pcs
- Articulator pcs
- Spoon imprint pcs
- Spoon type

	I.	II.	III.	IV.
Deadline	Individual spoon <input type="checkbox"/>	Temporary <input type="checkbox"/>	Frame <input type="checkbox"/>	Done <input type="checkbox"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Urgent*	In case of a framework, 1 workday, in case of finished work, 3 workdays.		<input type="checkbox"/>	<input type="checkbox"/>

* Premium service! We can only fulfill, if we got your order before 12:00 AM.

Customer signature: