

Patient Name:  
Date:  
Required Date:

WORK DETAILS:

Sl. No :



**DENTCARE DENTAL LAB PVT. LTD.**  
NAS ROAD, 130 JN., MUVATTUPUZHA, KERALA, INDIA - 686 661  
Ph : +91 485 2835112, 2835113  
info@dentcaredental.com

BAR CODE

Sl. No :

Order Date : Required Date : No of Days.....

DOCTOR'S NAME :

PATIENT NAME : (IN BLOCK LETTERS)

Clinic's Name :

Grid for patient name entry

Address :

Age :

Phone :

Gender Male  Female  Other

New Case  Repeat Case  Thesis (specify details in notes)

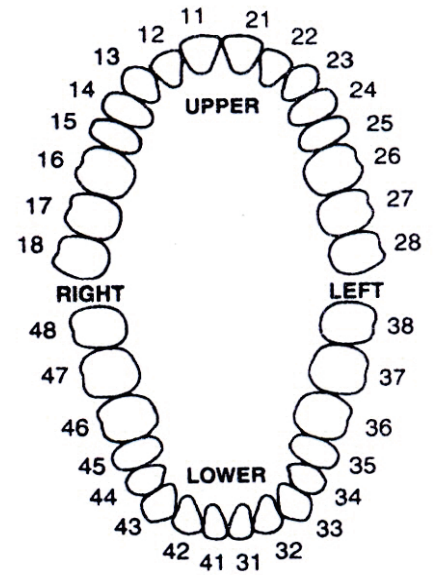
### DENTAL LAB WORK AUTHORISATION

#### ORTHODONTIC APPLIANCES

- Hawleys Appliance  Begg's Retainer
- Habit Breaking  Tongue Thrusting
- Bilateral Expansion  3D Expansion
- Anterior Sagittal
- Band & Loop  Tongue Crib
- Hyrax Bonded  Hyrax Banded
- Nance Holding  Lingual Arch
- TPA  Lip Bumper
- Lingual Retainer  Pendulum
- Herbst  Fixed Pedo
- Twin Block  Standard  Reverse
- Bonded  Banded
- Activator  Frankel-Type.....
- Oral Screen Acrylic  Double Oral Screen
- Head Gear  Bionator

#### TMJ APPLIANCES & THERMOFORMED SPLINTS

- Full Acrylic (Michigan Splint)
- DentCare Clear Retainer with TMJ
- Orthodontic Splint in Tooth Color Acrylic
- DentCare Mouth Guard Triple
- Mouth Guard  Sports Guard
- Dual Arch Mouth Guard  ABP
- DentCare Clear Retainer  PBP
- Dentcare Clear Retainer with Biteplane
- DentCare Clear Retainer with ABP
- DentCare Anti-Snoring Device
- Bleaching Tray
- Oral Screen Vacuum Splint
- DentCare Clear Retainer  1  1.5  2
- Soft Night Guard  1  1.5  2
- Hard Night Guard  .5  1  1.5  2  3
- DentCare Easy Bite  1  2  3  4  5
- Snap on Splint  A1  A2  A3



#### ENCLOSED ITEMS (Mention Number Against Each Item)

- Upper Model.....  Lower Model.....
- Upper Impression.....  Lower Impression.....
- Tray with model.....
- Bite .....
- Additional Model .....

THICKNESS IN MM

Notes: .....

Signature of Doctor :

Name of Business Executive :

Doctor Seal :

Emp. Code : PN:

Parcel Received Time & Date:

Unpacked By:

Component Received:

For Office Use Only

Dental appliance information: This is a custom made dental device which is intended for the exclusive use by the patient. This device has been manufactured to satisfy the design, information, property and characteristics specified by the dentist for the above patient provided by the dentist. All goods are supplied in a non-sterile condition unless otherwise stated and should not be subjected to extremes of heat and cold. It is recommended that the product shall be stored in a clean and safe environment if not used immediately.

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## DENTCARE ALIGNERS

### Chief Complaint

Text area for Chief Complaint

### Habits

Bruxism  Tongue Thrusting  Thumb Sucking

### H/o Long Term Medication

Yes  No

Medication:

### Periodontal Condition

Good  Weak  Compromised

### High Frenal Attachment

Yes  No

### Dentition

Mixed  Permanent

### Upper Midline To Facial Midline

Centred  
 Shifted.....mm to .....side

### Prior Orthodontic Treatment

Yes  No

### Skeletal Base

Class I  Class II  Class III

### Treatment Plan

Upper

Extraction  Non-Extraction  IPR

Lower

Extraction  Non-Extraction  IPR

Photograph

IOPA

OPG

LAT.CEPH

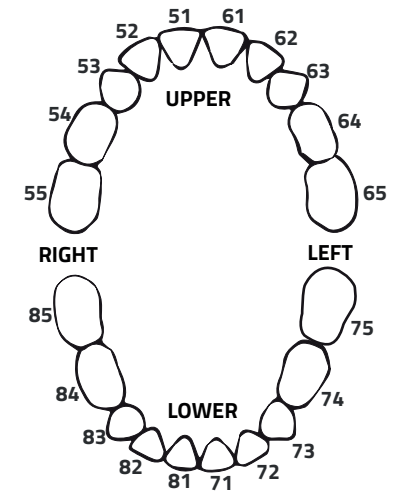
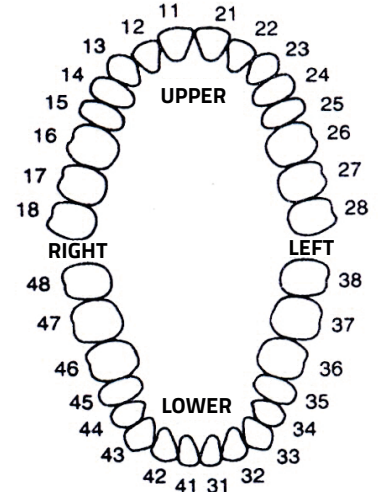
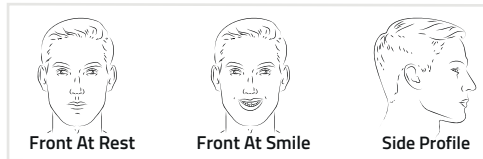
CBCT

WhatsApp

Email

+91 81389 49435 support@dentcarealigners.com

### Mandatory Profile Photo Views



### ENCLOSED ITEMS (Mention Number Against Each Item)

- Upper Model..... Lower Model.....
- Upper Impression..... Lower Impression.....
- Tray with model.....
- Bite .....

- Additional Model .....
- Aligner.....
- Profile Photographs/OPG/Lateral cephalogram/CBCT( soft copy preferred).....

Notes: .....

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Doctor Seal :

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