



LABORATORY WORK ORDER

DATE SENT TO LAB		DATE REQUIRED	
CLINIC NAME			
DOCTOR'S NAME		PATIENT'S NAME	
DOCTOR'S PHONE		PATIENT'S DOB	

DENTURES

FULL DENTURE		PARTIAL DENTURE	
Acrylic ☐	Shade	Acrylic ☐	Acrylic/chrome ☐
Upper ☐	Lower ☐	Upper ☐	Lower ☐
With metal mesh ☐		Shade	With clasps ☐
Special tray ☐	Upper ☐	Lower ☐	
Rims ☐			
Try-in ☐	With teeth ☐	Without teeth ☐	

DENTURE OVER IMPLANTS

Upper ☐	Lower ☐
Implant system:	Abutment type:

DENTURE REPAIR

Replace 1 or more teeth ☐	Add 1 or more teeth ☐	Fix/repair broken denture ☐
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RETAINERS

FIXED RETAINERS					REMOVABLE RETAINERS			
Upper ☐	Lower ☐	Fixed ☐	Zig-zag ☐	Lineal ☐	Upper ☐	Lower ☐	Clear ☐	Hawley ☐

OCCUSAL SPLINT

Hard ☐	Soft ☐	Soft core/hard exterior ☐
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WHITENING TRAYS

SPORTS MOUTHGUARD

Upper ☐	Lower ☐	Material:	Colour:
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COMMENTS:
