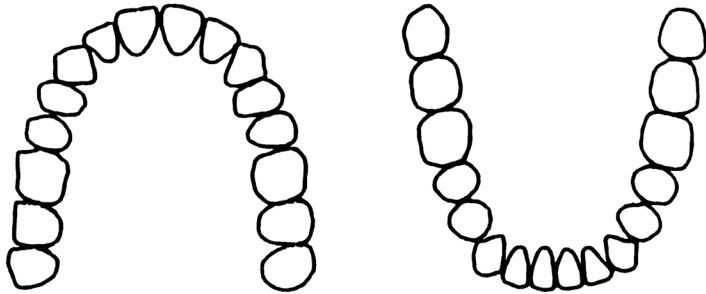


Surgeon		
Prep. Date		
Special trays		AM / PM
Bites		AM / PM
Try-in		AM / PM
Re-try		AM / PM
Finish		AM / PM



Patient		
Shade	Age	
Tooth Make	Case No	
Basic Tooth Shape <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Set Up ← → Regular <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Irregular		
Spacing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> S M L NONE		
Incisal Edges ← → Smooth <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rough		
Cervical Staining Yes <input type="checkbox"/> No <input type="checkbox"/>		
Colour Tone ← → <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
Photos/Jpegs		
UA	UP	
LA	LP	
Enclosures		
Instructions		
Models		
Bites		
Special trays		
Articulation		
Set up		
Retry		
Finish		
Final Inspection		
Inspection Date		
Charges		
Invoice No -		
Invoice Total £		

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