Spectrum DENTAL LAB

Dentist:

Clinic:

Date Prepared:

Date Due (by 5pm):

Patient Name:

Types

- ○ Flat Plane
- ○ Michigan
- ○ MCI
- ○ NTI
- ○ Farrar
- ○ Other

Material

- ○ Clearsplint
- ○ Dual laminate (soft / hard)

Contact Opposing

- ○ All teeth (default)
- ○ Anteriors only
- ○ Posteriors only

Guidance

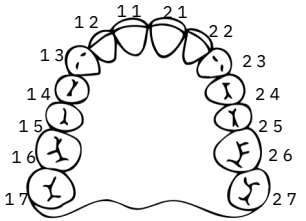
- ○ None
- ○ Canine
- ○ Anterior

Bite

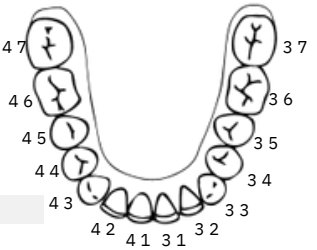
- ○ Open from MIP
- ○ Bite provided

Posterior thickness ☐ 2mm (default) ☐ 3mm ☐ Other

☐ Upper



☐ Lower



Instructions / Design Preference

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