SUBMISSION OF PATIENT RECORDS

Date of Dispatch:_____

Doctor:

_____

Name | Firstname | Telephone

Patient:

_____

Name | Firstname | Date of Birth

Please indicate below if the patient records are inclosed or were submitted electronically (online)!

Patient Records	Included in box	Submitted online
1. Upper Impression	❒	
2. Lower Impression	❒	
3. Bite Registration	❒	
4. X-Rays		
Panoramic Radiograph	❒	❒
Cephalometric Radiograph	❒	❒
Intraoral Radiographs	❒	❒
5. Photographs	❒	❒

IMPRESSIONS AND BITE REGISTRATION HAVE TO BE PROPERLY DISINFECTED!

To expediate your order please make sure that the complete records are either included in the box or submitted electronically!

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