

DENTURE REPAIR SERVICE PROTOCOL

Dental lab (company stamp)

Copy for:

patient dental practice dental lab

Dear esteemed patient,

It was our pleasure to repair your denture. All corresponding working steps have been protocolled. Of course, our service includes also to provide you with information on the achieved status of your repaired denture which can be gathered from this denture repair service protocol. Should you have any questions or need any advice regarding your denture, please kindly consult your dentist.

Patient name, surname

Dental practice, name of dentist

Dental lab, name of dental technician

Date

Required repair due to:	fracture model casting	fracture acrylic	crack	relining	addition/exchange clasp	addition/exchange tooth/teeth	reattachment	reinforcement of or with metal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Performance	done	not required	dental person in charge:	notes
disinfection	<input type="checkbox"/>			
cleansing	<input type="checkbox"/>			
data/information completeness check	<input type="checkbox"/>			
additional communication with dental practice	<input type="checkbox"/>	<input type="checkbox"/>		
additional measurements	<input type="checkbox"/>	<input type="checkbox"/>		
high-gloss polishing	<input type="checkbox"/>			
final cleaning	<input type="checkbox"/>			
final control	<input type="checkbox"/>			

Status of repaired denture	YES	NO	I. quadrant	II. quadrant	III. quadrant	IV. quadrant	tooth number
cracks, flaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
areas of spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	😊😊😊	😊😊	😊	😞	😞😞	😞😞😞	notes
level of wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Photos	Photo of denture	Photo of denture
<input type="checkbox"/> Photos sent via email /printed photos/ USB stick /memory card		

RELEVANT ADVICE	YES	NO	notes
Denture requires further repair and/or relining.	<input type="checkbox"/>	<input type="checkbox"/>	
Fabrication of new denture is highly recommended.	<input type="checkbox"/>	<input type="checkbox"/>	

Please make sure to have your dentures regularly checked!

Please call your dentist today to schedule an appointment for your next denture check-up!