



King Saud University, College of Dentistry  
 Department of Preventive Dental Sciences  
**DIVISION OF ORTHODONTICS**

**ORTHODONTIC LABORATORY WORK FORM**

|                              |                  |                           |                   |
|------------------------------|------------------|---------------------------|-------------------|
| Patient Name                 | Work Slip Number | Date of Impression        | Date for Delivery |
| Number                       |                  | Orthodontist<br>Dr.       | Technician        |
| <b>Draw Appliance Design</b> |                  | <b>Design instruction</b> |                   |
|                              |                  |                           |                   |

**Duplicate Copy – Produce at Laboratory Counter for Work Delivery.**

|              |                  |                     |                   |
|--------------|------------------|---------------------|-------------------|
| Patient Name | Work Slip Number | Date of Impression  | Date for Delivery |
| Number       |                  | Orthodontist<br>Dr. | Technician        |