



King Saud University
College of Dentistry
Department of Prosthodontic Dental Science

Work Slip No. _____

Technician Name: _____

Removable Prosthodontics and Orthodontics Laboratory Work Authorization

Patient's Name: _____ Age: _____
File No. : _____ Sex: M F

For Laboratory Use

Articulator type: _____
Articulator no. : _____
Articulator setting: _____
Number of rings: _____
Face bow no. : _____

Clinician's Name: _____ Cubicle No.: _____
 Specialist GP/Interns/Demo Student Course No.: _____

Removable Partial Denture: Maxillary Mandibular Orthodontic Appliance
 Provisional Partial Denture: Maxillary Mandibular Complete Denture: Maxillary Mandibular

Major Connector **PARTIAL DENTURE DESIGN** Major Connector

Antero Posterior Palatal Strap Lingual Bar
 Anterior Palatal Strap Linguoplate
 Posterior Palatal Strap Kennedy Bar
 Full Palatal Plate Labial Bar
 Others: _____ Others: _____

Kennedy Class _____ Mod. _____ Kennedy Class _____ Mod. _____

Tooth Shade _____ Tooth Mold: Anterior: _____ Metal Pontic # _____
Posterior: _____

Tooth No.	Clasp Type	Guide Plane	Rest	Retention	Bracing	Restoration

Internal & External Finish Lines: _____
Tissue Stop: _____
Design Approved by: _____ Date: _____
Wax Pattern Approved by: _____ Date: _____

-PLEASE TURN OVER -

DUPLICATE COPY - PRODUCE AT THE LAB. COUNTER FOR RECEIVING YOUR WORK.

Patient's Name : _____
File No. : _____
Clinician's Name : _____
Course No. : _____
Type of Work : Prosthodontics Orthodontics

Work Slip No. _____
Technician's Name: _____

