



The Old Studio, Burrough Court, Burrough on the Hill, LE14 2QS
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Dentist's Name: _____ GDC No: _____

Date Sent: _____ Date Req: _____

Address: _____

_____ Practice No: _____

Patients name: _____ Sex: _____

Patient's D.O.B: _____ Patient's Ref No: _____

Digital Study Models

☐

Sculpted & Polished White Stone Study Models

☐

Angle Trimmed (Conventional) Study Models

☐

Duplicating

☐

_____ ☐

Notes

Made by

Cast

Trim/polish