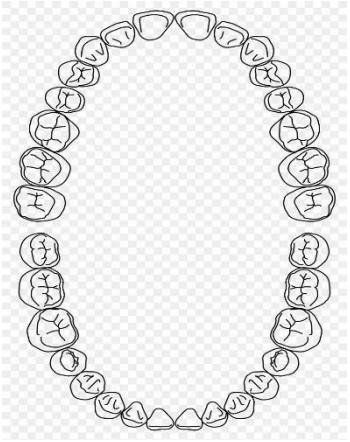
Premium Denture Order Form

Portchester Smiles Ltd
Precision in every detail.
Craftsmanship in every smile.

Portchester Smiles Ltd
14 West Street
Portchester
PO16 9UZ
Tel: 01329 448086
Mobile: 07748 242013
Info@portchestersmilesltd.com
GDC Reg: 165952

Surgery Name	Dentist Name	Patients Name
Items included with work (lab use only)	**Lab Number (lab use only)**	**Work accepted by Lab (Lab use only)**



Denture Design Notes

[ ] Cobalt Chrome

[ ] Acrylic

[ ] Flexi Denture

Shade _____

Teeth to be replaced _____|_____

Clasps _____|_____

Tooth colour clasp _____|_____

Clear _____|_____

Dentist's Instructions

British Dental Technology
Clinically Compliant | Professionally Produced

iTero™ CERTIFIED LAB

Dentsply Sirona

1. Special Tray & Bite

Date required (***one day before patient appointment***).....

Date Received at laboratory:.....

2. Try-In

Date required ***(one day before patient appointment)***.....

Date Received at Laboratory:.....

3. Re-Try

Date required (***one day before patient appointment***).....

Date Received at Laboratory:.....

4. Finish

Date required (***one day before patient appointment***).....

Date received by Laboratory:.....

5. Work compliant with order	Initials	Date

Revised 16/11/2026 Version 1