SPLINTKING LAB SHEET

Doctor:	Clinic:
Date Prepared:	Due Date:

ABN 76 267 053 462 Mobile: +61404 822 203

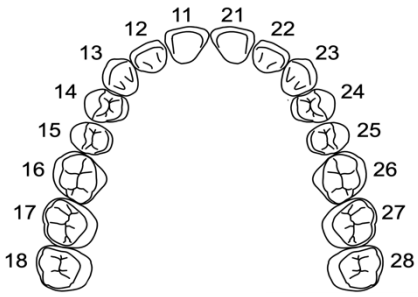
Patient Name:

✓	TYPES
☐	Flat Plane
☐	MCI
☐	Other (please write in comments)

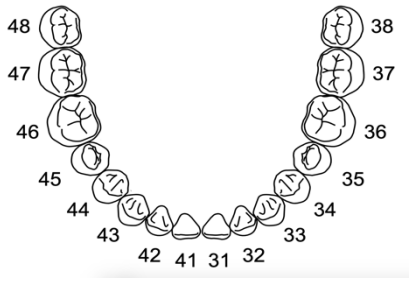
✓	BITE
☐	Use bite provided
☐	Open with leaf gauge

✓	INDENTATION
☐	Light
☐	Heavy

☐ Upper



☐ Lower



COMMENTS

All details must be filled in correctly by treating clinician. Please send completed lab sheet with attached STL files to* ***info@splintking.com*

Clear