

Laboratory prescription	Please circle	This prosthesis is non sterile
Dentist Name: _____	Gender Male Female Other	Job Number: _____
Surgery Address : _____	Genotype Thin Moderate Thick	Box Number: _____
_____	Tooth Surface Smooth Medium Rough	Date Prepared: _____
_____	Tooth Form Oval Square Triangular	Date Required: _____
Patient's Name: _____		Date Finished: _____

All Ceramic

- Zirconia Bonded to Porcelain
- Zirconia Bonded to Porcelain Bridge (per unit)
- DAli Zirconia Crown
- DAli Zirconia Bridge (per unit)

Porcelain Bonded to Metal

- Porcelain Bonded to Metal Crown
- Porcelain Bonded to Metal Bridge (per unit)

Porcelain Bonded to Metal

- Zirconia Bonded to Porcelain - Screw Retained
- Zirconia Bonded to Porcelain - Angled Screw
- Screw Retained Pantie
- Porcelain Bonded to Metal -Screw Retained
- Porcelain Bonded to Metal -Angled Screw
- Screw Retained Pantie

Abutments

- Custom Abutment
- Zirconia Abutment

Cement Retained Crown and Bridge

- Zirconia Bonded to Porcelain Crown
- Zirconia Bonded to Porcelain Bridge (per unit)
- DAli Zirconia Crown
- DAli Zirconia Bridge
- Porcelain Bonded to Metal Crown
- Porcelain Bonded to Metal Bridge

Other

- Study Models (U+L)
- Wax Up (per unit)
- Denar Articulation
- Shade Consultation

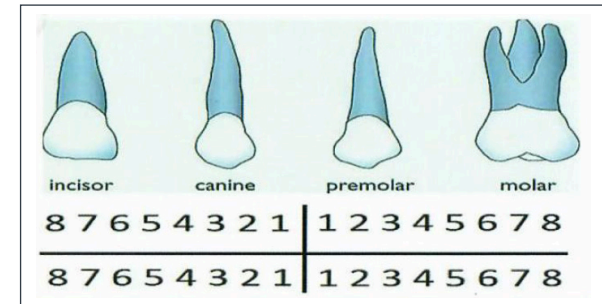
Shade _____

Lab use only

Enclosures

- Alginate U / L
- Silicone U / L
- Bites YES / NO

Staining& characterisations



Special instructions