

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
- ☐ All Zirconia Crown
- ☐ All Zirconia Bridge

Porcelain Bonded to Metal

- ☐ Porcelain Bonded to Metal Crown
- ☐ Porcelain Bonded to Metal Bridge
- ☐ Metal Pontic

Porcelain Bonded to Metal (Implant)

- ☐ Zirconia Bonded to Porcelain - Screw Retained
- ☐ Zirconia Bonded to Porcelain - Angled Screw
- ☐ Zirconia Pontic
- ☐ Porcelain Bonded to Metal -Screw Retained
- ☐ Porcelain Bonded to Metal -Angled Screw

Abutments

- ☐ Custom Abutment
- ☐ Zirconia Abutment

Cement Retained Crown and Bridge

- ☐ Zirconia Bonded to Porcelain Crown
- ☐ Zirconia Bonded to Porcelain Bridge
- ☐ All Zirconia Crown
- ☐ All Zirconia Bridge
- ☐ Porcelain Bonded to Metal Crown
- ☐ Porcelain Bonded to Metal Bridge

Other

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

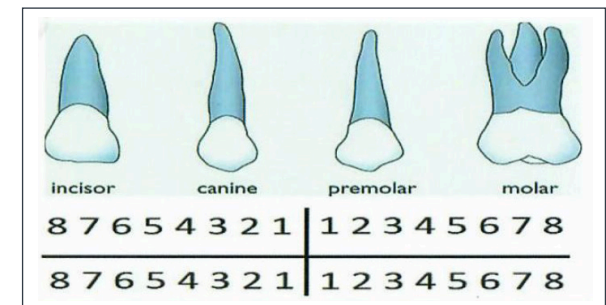
Shade _____

Lab use only

Enclosures

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

Staining& characterisations



Special instructions

Approved for manufacturing _____ ☐

Final Inspection _____ ☐