

CROWN & BRIDGEWORK

Practice Name _____	Patient ID _____	Email _____
Invoice Address _____	Dentist Name _____	Date _____
Tel _____	City Country _____	

New Case
 Continuation/Remake
 Work Required by Day
 Month

RESTORATION TYPE

† Default material is PFM

Crown[†]
 Bridge
 Onlay/Inlay
 Bonded Bridge
 Post & Core
 Veneer
 Diagnostic Wax-up (Advise Teeth No.)

RANGE

Turnaround time: **10 working days**

Metal-Based (All alloys are NI Free)

Full Cast Metal

- Non-Precious Ni-Free
- Non-Precious Gold Plated
- Titanium

PFM

- Non-Precious (Default)
- Semi-Precious
- High-Precious

Ceramic (Please provide stump shade)

- IPS e.max®
- VITA ENAMIC®

Yellow Gold

- Semi-Precious 40%
- High Gold Content 78%

Resin

Composite Reinforced with:

- Fibre
- Metal
- No extra reinforcements
- Lava™ Ultimate CAD/CAM Restorative
- Temporary Crown (PMMA)

Zirconia based

- FMZir - Full Monolithic Zirconia
- UZir Ultra Translucent Zirconia
- PFZ - Porcelain-Fused-to-Zirconia
- IPS e.max® ZirPress
- IPS e.max® ZirCAD Prime
- Lava™ Classic Zirconia Frame (layered)
- Lava™ Plus Zirconia Frame

MATERIAL ENCLOSED

Please tick

	DR	BL
Triple Tray	<input type="checkbox"/>	<input type="checkbox"/>
Upper Impression	<input type="checkbox"/>	<input type="checkbox"/>
Lower Impression	<input type="checkbox"/>	<input type="checkbox"/>
Upper Model	<input type="checkbox"/>	<input type="checkbox"/>
Lower Model	<input type="checkbox"/>	<input type="checkbox"/>
Bite Registration (over prepared abutment)	<input type="checkbox"/>	<input type="checkbox"/>
Previous Veneers/Crown/Bridge	<input type="checkbox"/>	<input type="checkbox"/>
Previous Study Models to return	<input type="checkbox"/>	<input type="checkbox"/>
Articulator	<input type="checkbox"/>	<input type="checkbox"/>
Denture	<input type="checkbox"/>	<input type="checkbox"/>
Veneers	<input type="checkbox"/>	<input type="checkbox"/>
Implant Component	<input type="checkbox"/>	<input type="checkbox"/>
P/C (Post Core)	<input type="checkbox"/>	<input type="checkbox"/>
Shade Tab	<input type="checkbox"/>	<input type="checkbox"/>
Voucher Attached	<input type="checkbox"/>	<input type="checkbox"/>
Images to be emailed	<input type="checkbox"/>	

Margin Type for PFM:
 Buccal Porcelain*
 Classic PFM
 Fine Metal
 *Default
 360 Porcelain
 Metal Occlusal

TEETH CHART

18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28
 48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38

*Default

EMBRASURE



- Open*
- Closed

OCCUSAL CONTACT



- Heavy
- Light*
- Open

PROXIMAL CONTACT



- Normal*
- Extended

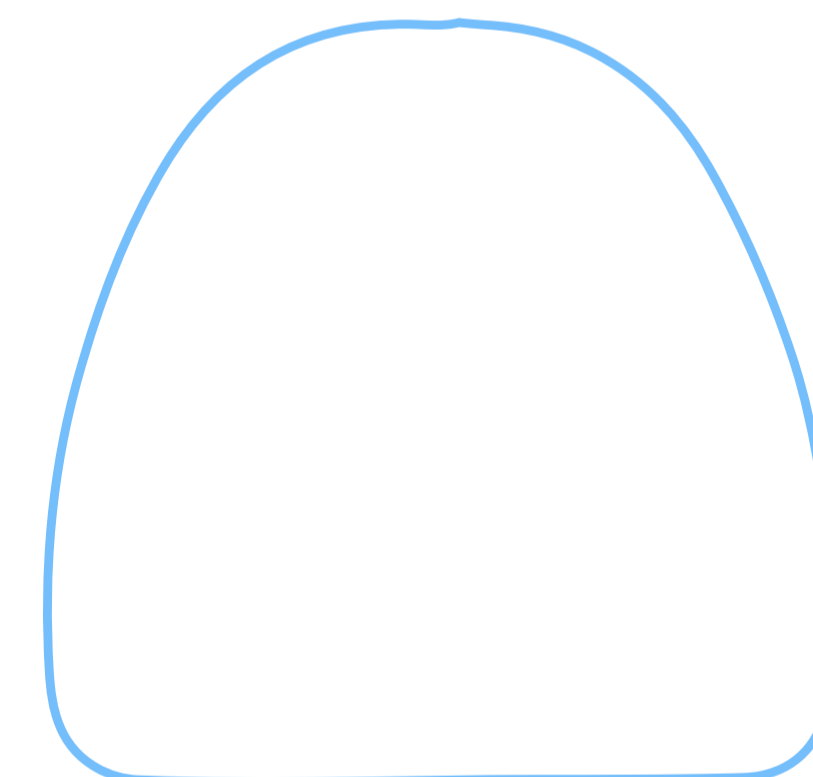
PONTIC CONTACT



-
- *
-
-

SHADE

(Please email images)



Stump Shade:

ADDITIONAL INSTRUCTIONS

Prescriber Feedback:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the device(s) on receipt as soon as possible.