

DENTIST _____ ORDER NO. _____ RECEIVED _____
 PATIENT _____ FINISH DATE & TIME _____

INSTRUCTIONS

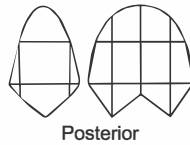
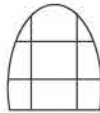
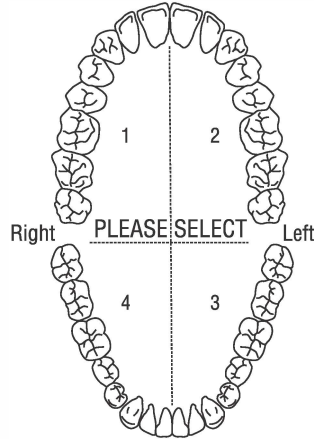
CAD / CAM

- ZIRCONIA CROWN / BRIDGE
- MONOLITHIC ZIRCONIA CROWN / BRIDGE
- COLBALT CHROME CROWN / BRIDGE
- EMAX CROWN
- NON-PRECIOUS METAL CROWN/ BRIDGE
- IMPLANTS / IMPLANT BRIDGES
 - DIRECTLY SCREWED
 - CEMENTED IMPLANTS

APPLIANCES / OTHERS

- TEMPORARY CROWN / BRIDGE / IMPLANT
- DUAL CURE SPLINT
- HEALING MATRIX
- SPECIAL TRAY
- SURGICAL STENT
- BLEACHING TRAY
- MOUTH GUARD

COMMENTS / SHADE / DENTURES



CASTING

- PFM CROWN / BRIDGE
- FULL GOLD CROWN / BRIDGE
- GOLD INLAY / GOLD ONLAY
- POST & CORE
- VENEERS
- IMPLANTS / IMPLANT BRIDGES
 - CROSS PIN
 - ANGLE SCREWED
 - DIRECTLY SCREWED
 - CEMENTED IMPLANTS
 - FULL ARCHES (TO BE DISCUSSED)

PATIENT'S SHADE

- IMAGES EMAILED
- PATIENT TO ATTEND FOR CONFIRMATION

Tear _____

Office use only	Order No.
Dentist:	Alloy/gm:
Patient:	Other:
Finish:	
Job:	Tech:

Office use only	Order No.
Shade:	
Dentist:	Patient:
Finish:	
Job:	Run: