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ORDER FORM-CROWN and BRIDGEWORK

Dentist:

Practice Name:

Date:

Address:

..... Post Code:

Phone:

Email:

Patient Name:

Work Required by:

INSTRUCTIONS

- RESTORATION TYPE**
- Crown
 - Bridge
 - Inlay/Onlay
 - Bonded Bridge/Wing
 - Post and Core
 - Veneer

- PORCELAIN FUSED TO METAL**
- High Precious
 - Semi Precious
 - Non Precious
 - Non Precious (Ni Free)
 - Titanium
 - Standard
 - Ultimate

- MARGIN TYPE**
- Classic PFM
 - Fine Metal Margin
 - Buccal Porcelain Margin
 - 360° Porcelain Margin

- FULL CAST**
- Yellow Gold
 - Non Precious (Ni Free)
 - Gold Plated

- VALUE**
- High Medium Low

- OCCUSAL STAINING**
- None Light
 - Medium Dark

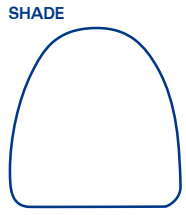
- IMPLANT CROWN**
- Cement retained
 - Screw retained

System _____

Platform Diameter _____

- ABUTMENT TYPE**
- Cast Gold
 - Titanium
 - Zirconia

DIAGNOSTIC WAX-UP

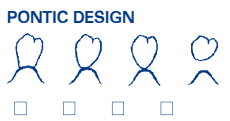
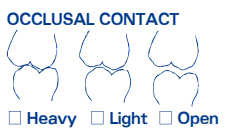
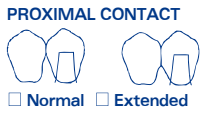
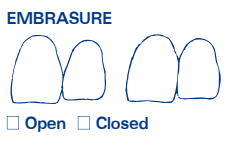


- ALL CERAMIC**
- e.Max (Empress II)
 - e.Max Zirpress
 - Empress Esthetic (veneers)
 - Procera Alumina
 - Procera Zirconia
 - Cercon
 - Cercon Aesthetic
 - Inceram
 - Ceramage

PLEASE COMPLETE TO AVOID COLOUR DISCREPANCIES

- ABUTMENT DETAILS**
- Vital
 - Non Vital (dentine or composite)
 - Non Vital (metallic post and core)

Abutment Shade _____



GDC Registered

MHRA Registered

ISO 13485:2003 Accreditation

PLEASE EMAIL DIGITAL IMAGES TO swindon@scdlab.com