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ORDER FORM

CROWN and BRIDGEWORK

Dentist:

Date:

Address:

..... Post Code:

Phone:

Email:

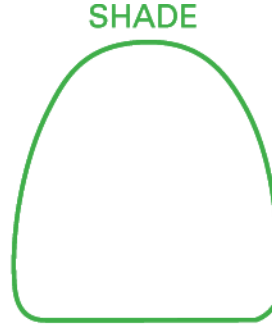
Patient Name:

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)

ALL CERAMIC

- e.Max (Empress II)
- e.Max Zirpress
- Empress Esthetic (veneers)
- Procera Alumina
- Procera Zirconia
- Cercon
- Calypso Zirconia
- Ceramage

IMPLANT CROWN

- Cement retained
- Screw retained

System _____

Platform Diameter _____

MARGIN TYPE

- Classic PFM
- Fine Metal Margin
- Buccal Porcelain Margin
- 360° Porcelain Margin

ABUTMENT TYPE

- Cast Gold
- Titanium
- Zirconia

FULL CAST

- Yellow Gold
- Non Precious (Ni Free)
- Gold Plated

PLEASE COMPLETE TO AVOID COLOUR DISCREPANCIES

ABUTMENT DETAILS

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

DIAGNOSTIC WAX-UP



OCCLUSAL STAINING

- None Light
- Medium Dark

Abutment Shade _____

EMBRASURE



- Open Closed

PROXIMAL CONTACT



- Normal Extended

OCCLUSAL CONTACT



- Heavy Light Open

This device conforms to the relevant essential requirements set out in Annex 1 of the Medical Devices Directive (93/42/EEC). Those relevant essential requirements not met and the reasons why are listed on the attached sheet.

PLEASE EMAIL DIGITAL IMAGES TO ireland@scdlab.com