

Dentist _____ Invoice Name _____
 Invoice Address _____ Suburb _____ Postcode _____
 Tel _____ Email _____
 Patient ID _____ Date _____
 Patient ID - Please do not use patient's name unless consent is provided, and appropriate form/s have been completed.

BATCH # (Office only)

New Case Continuation/Remake Account Number
 Work Required by Day Month

RESTORATION TYPE

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

SCD RANGE *If Range has not been selected it will default to SCD Range
 For turnaround times please refer to price list.

Metal-Based

- PFM**
- Economiser Non-Precious (Ni Free)
 - Standard Non-Precious (Ni Free)
 - Standard Semi-Precious
 - Ultimate Semi-Precious
 - Ultimate High-Precious

Full Cast Metal

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

Yellow Gold

- Low-Precious 2%
- Semi-Precious 40%
- High-Precious 78%

** Provide stump shade

Ceramic (inc. stump shade photo)

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

Resin

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

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

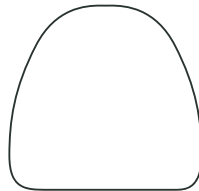
TEETH CHART

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

DIAGNOSTIC WAX-UP

_____ | _____
 Value: High Medium Low

SHADE (please email images)



STUMP SHADE: _____

QUEST RANGE *If Range has not been selected it will default to SCD Range

For turnaround times please refer to price list.
Please note: cases with 3 or more units, please allow an additional 3 in-lab days.

QUICK QUEST – single crown cases only

Metal Based	Std	Quick Quest
PFM		
Standard Non-Precious (Ni Free)	<input type="radio"/>	
Ultimate High-Precious	<input type="radio"/>	
Full Cast		
Non-Precious (Ni Free)	<input type="radio"/>	
Full Gold Crown 70 %	<input type="radio"/>	
Ceramic (inc. stump shade photo)		
IPS e.max®**	<input type="radio"/>	<input type="radio"/>
UZir - Ultra Translucent Zirconia**	<input type="radio"/>	<input type="radio"/>
FMZir - Fully Monolithic Zirconia	<input type="radio"/>	<input type="radio"/>
VITA SUPRINITY®	<input type="radio"/>	
PFZ - Porcelain-Fused-to-Zirconia**	<input type="radio"/>	
VITA ENAMIC® Hybrid Ceramic	<input type="radio"/>	
Temporary PMMA	<input type="radio"/>	

** Provide stump shade

FAST TRACK

Please tick to minimise delays in case of problem

Insufficient Occlusal Clearance

NOTE: POSSIBLE VOID on warranty if one of these options are selected

- Adjust the opposing and mark on model or
- Make a reduction coping to show where to adjust the preparation.

Margins not clear / distortion on impression

NOTE: WARRANTY VOID if this option is selected

- Do best & estimate and attach a note

Suspected incorrect occlusion

NOTE: WARRANTY VOID if this option is selected

- Do best and estimate
- If any of the above problems arise, email me to advise, but proceed anyway.
- I would like these preferences to be a permanent note for all future cases.

ADDITIONAL INSTRUCTIONS

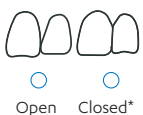
MATERIAL ENCLOSED

Please tick

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

PROMO CODE

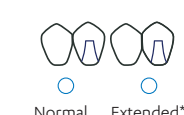
EMBRASURE



OCCUSAL CONTACT



PROXIMAL CONTACT



PONTIC CONTACT



* Default