





CROWN & BRIDGEWORK

	Dentist		Invoice Name	Invoice Name			
Invoice Address			Suburb	Suburb Postcode			
Tel				Email			
Patient ID							
BATCH # (Office only)	Patient ID - Please do not use pati						
New Case Continuation/Rem	nake Account Number		Wo	ork Required by	Day I	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 For turnaround times please refer to price I				For turnaroun	nd times please refer to pri- cases with 3 or more units		
Metal-Based PFM		Ceramic (inc.stump shade photo) IPS e.max®**			QUICK QUEST – single crown cases only		
Economiser Non-Precious (Ni Free) UZir - Ultra Translucent Zirconia**				Metal Based PFM	St	td Quick Quest	
○ Standard Non-Precious (Ni Free)					n-Precious (Ni Free)	\supset	
Standard Semi-Precious PFZ - Porcelain-Fused-to-Zirconia** Ultimate Semi-Precious Lava™ Classic Zirconia Frame (layered)))	
Ultimate High-Precious □ Lava™ Plus Zirconia Frame					Full Cast		
					Non-Precious (Ni Free - silver looking) Non-Precious Gold (Gold looking *contains Ni)		
Full Cast Metal Non-Precious (Ni-Free - silver looking) Resin Composite Reinforced with:					Full Gold Crown (70% Gold)		
O Non-Precious Gold Plated O Fibre					Ceramic (inc.stump shade photo) IPS e.max®**		
O Titanium O Metal					IPS e.max®** UZir - Ultra Translucent Zirconia**		
Yellow Gold No extra reinforcements Low-Precious 2%					FMZir - Fully Monolithic Zirconia		
Semi-Precious 40%					VITA SUPRINITY® PFZ - Porcelain-Fused-to-Zirconia**		
○ High-Precious 78% ○ Temporary Crown (PMMA)					PFZ - Porcelain-Fused-to-Zirconia** VITA ENAMIC® Hybrid Ceramic		
* * Provide stump shade				Temporary PA ** Provide stump sha	MMA		
Margin Type for PFM: O Buccal Porcelain * Default	n* Classic PFM Fine M	etal 360 Poro	celain	Please tick to i	minimise delays in case of	problem	
TEETH CHART		SHADE (please er	nail images)	NOTE: POSSIE selected	Occlusal Clearance BLE VOID on warranty if on the opposing and mark on it		
18 17 16 15 14 13 12 11 21 22 48 47 46 45 44 43 42 41 31 32					eduction coping to show v		
DIAGNOSTIC WAX-UP				NOTE: WARRA	clear / distortion on impr ANTY VOID if this option is & estimate and attach a no	<u>s selected</u>	
			J		correct occlusion ANTY VOID if this option is	s selected	
Value: High Medium Low	:	STUMP SHADE:		O Do best a	and estimate the above problems arise,		
ADDITIONAL INSTRUCTIONS					ike these preferences to be	e a permanent note for	
				MATERIAL	ENCLOSED		
				Please tick (Ð		
						DR SCD	
				Triple Tray Upper Impres	ssion	O O	
					ssion		
				Upper Model		O	
					ion (over prepared abutmen	nt)	
					eers/Crown/Bridge		
PROMO CODE				Previous Study	ly Models to return		
						O O	
EMBRASURE OCCLUSAL C	ONTACT PROXIMAL	CONTACT	PONTIC CONTAC	_	ax-up	O	
M	$Q \sim$	\bigcirc	\bigcirc	Implant Comp	ponent		
mm WW	\sim \sim	\mathcal{W}	XKXX		2)		
Open Closed* Heavy Light*	* Open Normal	Evtonded*	*0 0 0 0	Voucher Attac			
* Default	* Open Normal	Extended*		Images to be	emailed		