

Dentist \_\_\_\_\_ Invoice Name \_\_\_\_\_  
Invoice Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
Tel \_\_\_\_\_ Email \_\_\_\_\_  
Patient ID \_\_\_\_\_ Date \_\_\_\_\_  
BATCH # (Office only) \_\_\_\_\_ Patient ID - Please do not use patient's name unless consent is provided, and appropriate form/s have been completed.

☐ 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

- ☐ Standard Non-Precious (Ni Free)  
☐ Ultimate Semi-Precious  
☐ Ultimate High-Precious

##### Full Cast Metal

- ☐ Non-Precious (Ni-Free - silver looking)  
☐ Non-Precious Gold Plated  
☐ Titanium

##### Yellow Gold

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

#### 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)

\*\* Provide stump shade

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

\* Default

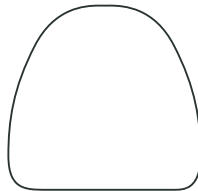
### TEETH CHART

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) ☐  
Ultimate High-Precious ☐

**Full Cast**  
Non-Precious (Ni Free - silver looking) ☐  
Non-Precious Gold (Gold looking \*contains Ni) ☐  
Full Gold Crown (70% Gold) ☐

#### Ceramic (*inc.stump shade photo*)

IPS e.max®\*\* ☐ ☐  
UZir - Ultra Translucent Zirconia\*\* ☐ ☐  
FMZir - Fully Monolithic Zirconia ☐ ☐  
VITA SUPRINITY® ☐  
PFZ - Porcelain-Fused-to-Zirconia\*\* ☐  
VITA ENAMIC® Hybrid Ceramic ☐  
Temporary PMMA ☐

\*\* 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.

### 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



☐ Open ☐ Closed\*

\* Default

#### OCCUSAL CONTACT



☐ Heavy ☐ Light\* ☐ Open

#### PROXIMAL CONTACT



☐ Normal ☐ Extended\*

#### PONTIC CONTACT



\* ☐ ☐ ☐ ☐