

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**
- 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%

\*\* 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**

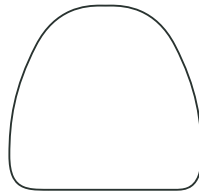
- Composite Reinforced with:
- Fibre
  - Metal
  - No extra reinforcements
  - Lava™ Ultimate CAD/CAM Restorative
  - Temporary Crown (PMMA)

**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

**SHADE** (please email images)



**STUMP SHADE:** \_\_\_\_\_

**DIAGNOSTIC WAX-UP**

\_\_\_\_\_ | \_\_\_\_\_  
 Value:  High  Medium  Low

**ADDITIONAL INSTRUCTIONS**

**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
<b>PFM</b>		
Standard Non-Precious (Ni Free)	<input type="radio"/>	<input type="radio"/>
Ultimate High-Precious	<input type="radio"/>	<input type="radio"/>
<b>Full Cast</b>		
Non-Precious (Ni Free - silver looking)	<input type="radio"/>	<input type="radio"/>
Non-Precious Gold (Gold looking *contains Ni)	<input type="radio"/>	<input type="radio"/>
Full Gold Crown (70% Gold)	<input type="radio"/>	<input type="radio"/>
<b>Ceramic (inc.stump shade photo)</b>		
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"/>	<input type="radio"/>
PFZ - Porcelain-Fused-to-Zirconia**	<input type="radio"/>	<input type="radio"/>
VITA ENAMIC® Hybrid Ceramic	<input type="radio"/>	<input type="radio"/>
Temporary PMMA	<input type="radio"/>	<input type="radio"/>

**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.

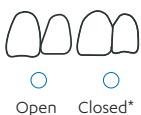
**MATERIAL ENCLOSED**

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"/>

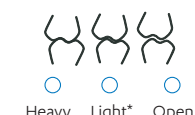
**PROMO CODE**

**EMBRASURE**

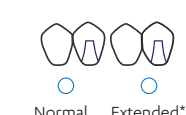


\* Default

**OCCUSAL CONTACT**



**PROXIMAL CONTACT**



**PONTIC CONTACT**

