

CROWN & BRIDGE + IMPLANTS LAB SHEET

DATE: DENTIST: SURGERY:

PATIENT DETAILS

FIRST NAME																				
SURNAME																				

CROWN & BRIDGE

RESTORATION

Please tick

- CROWN
- BRIDGE
- VENEER
- FULL METAL
- INLAY/ONLAY
- POST & CORE
- GIORGIO SECTIONAL BRIDGE
- MARYLAND BRIDGE

MATERIAL

Please tick

- NON-PRECIOUS METAL
- ZIRCONIA
- GIO.BRUX MONOLITHIC ZIRC
- EMAX
- EMPRESS
- SINFONY
- HIGH GOLD
- NON-PRECIOUS GOLD

IMPLANTS

BRAND & SPECIFICATIONS

IMPLANT TYPE

Please tick

- CEMENT RETAINED
- CROSS PIN RETAINED
- DIRECT TO FIXTURE
- OTHER

ABUTMENT

Please tick

- ZIRCONIA
- GIORGIO ABUTMENT MILLED
- HIGH GOLD
- ATLANTIS CAD/CAM
- NOBEL BIOCARE CAD/CAM

SHADE

Please tick

- PATIENT ATTENDING LAB
- PHOTOS ENCLOSED
- PHOTOS EMAILED
- AS PER DIAGRAM



INSTRUCTIONS

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

Please circle tooth numbers to be restored

DATE REQUIRED:

We recommend requesting work one day before insert

PROSTHETICS & CASTINGS LAB SHEET

DATE: DENTIST: SURGERY:

PATIENT DETAILS

FIRST NAME															
SURNAME															

FRAMEWORK

- U L
 CHROME CASTING
 VALPLAST

STAGE

- U L
 TRY IN METAL
 FRAME+REG RIMS
 TRY IN + TEETH
 FINISH DENTURE

ACRYLIC DENTURES

- U L
 FULL DENTURE
 PARTIAL DENTURE

STAGE

- U L
 REG RIMS
 TRY IN TEETH
 RETRY TEETH
 FINISH DENTURE

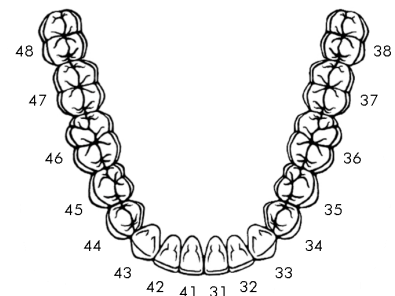
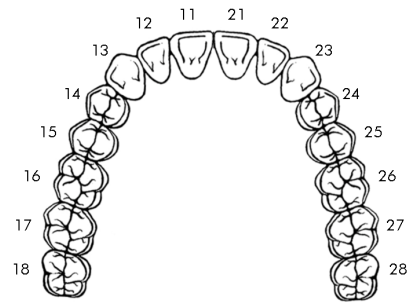
REPAIRS & RELINES

- U L
 BASIC REPAIR
 REPAIR ADDITION
 LASER WELD
 LASER WELD ADDITION
 PARTIAL RELINE
 FULL RELINE
 SOFT-LINER RELINE
 REBASE

OTHER

- U L
 OCCLUSAL SPLINT
 BLEACHING STENT
 CLEAR SPLINT
 SPECIAL TRAY
 MOUTHGUARD
 SLEEP APNOEA DEVICE
 SURGICAL STENT
 OTHER

INSTRUCTIONS



DATE & TIME REQUIRED: