

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