

No. -

Office Use Only



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EVERY SMILE IS A WORK OF ART

Practice:

Dentist's Name:

Address:

Phone:

Patient's Name: M / F

Order Date: DD / MM / YY

Delivery Required By: DD / MM / YY

Booked Time: HH : MM AM / PM

Patient's Contact No:
* For lab to organise shade taking.

Shade: VITA / 3D

By Lab

Emailed photos to info@adentallab.com

Tooth: Vital Non-Vital

Stamp Shade: IPS ND

Light Dark

61 A1 6B B2 B2 A2 A2S C1 C1B C2 D4 A3 B3 B3S B4 C3 A4 C4

Restoration Type:

Crown / Veneer
 Bridge / Maryland

Inlay / Onlay
 Implant Crown

Post & Core 1PC 2PC
 Full Gold Crown

Materials:
Metal Ceramic / All Ceramic

Non Precious PFM
 Semi Precious PFM

Zina Monolithic
 Zina Layered

IPS Emax Monolithic
 IPS Emax Layered

Coping Design For PFM:

Buccal Porcelain Junction Margin 360° Metal Porcelain Junction
 Buccal Porcelain Edge 360° Metal Collar 360° Porcelain Edge

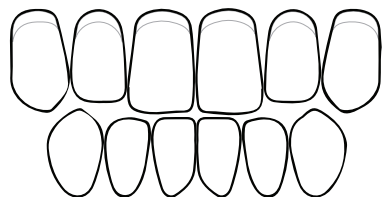
If Inadequate Clearance:

Adjust Opposing Metal Occlusal Contact Us
 Reduction Coping Metal Island

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

WORKING INSTRUCTIONS



* Use reverse page for more instruction.

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|---|---|---|---|--|
| <p>Embrasure</p> <p><input type="radio"/> Closed Embrasure</p> <p><input type="radio"/> Open Embrasure</p> | <p>Occlusal Contact</p> <p><input type="radio"/> In Occlusion</p> <p><input type="radio"/> Light Occlusion 0.3mm*</p> <p><input type="radio"/> Out of Occlusion 0.5mm</p> | <p>Occlusal Stain</p> <p><input type="radio"/> No Occlusal Stain</p> <p><input type="radio"/> Light Occlusal Stain*</p> <p><input type="radio"/> Medium Occlusal Stain</p> <p><input type="radio"/> Heavy Occlusal Stain</p> | <p>Pontic Design</p> <p><input type="radio"/> Modified Ridge*</p> <p><input type="radio"/> Full Ridge</p> <p><input type="radio"/> Ovate</p> <p><input type="radio"/> Point Contact</p> <p><input type="radio"/> Hygienic</p> | <p>Enclosed Items</p> <p><input type="radio"/> Impressions</p> <p><input type="radio"/> Models</p> <p><input type="radio"/> Bite</p> <p><input type="radio"/> Photos</p> <p><input type="radio"/> Other _____</p> |
|---|---|---|---|--|