

Date: _____ Case: _____

DR: _____

Call me Phone: _____
Email: _____

Patient: _____

Gender: Male Female Age: _____

Due Date: _____

Case Type Crown & Bridge Implant Framework
 Denture/Partial Reline/Repair Other

Instructions



DID YOU INCLUDE

Impression Face Bow Shade Finish Try-In

Opposing Model Shade Impression

Pre - Op Impression Impression

Pictures / Email / USB / Disk Bite

SHADE _____

Return via: Royal Mail 1st Royal Mail SD Cycle Courier
Please Send: Boxes Rx Pads Return Labels

When signed by an authorised signatory this device meets the relevant essential requirements specified in Annexe 1 of the Medical Devices Directive (93/42/EEC), and is the statement of the purpose.

Removables

TOOTH TYPE

Ivoclar Phonares
 Enigma
 Other _____

SHADE _____

MOULD Ant: _____
Post: _____

ACRYLIC

Standard
 High Impact
 Flexible
 Other _____

Processed Base Plate
 Occlusal Rims

Denture Gauge
X = _____
y = _____

Papillameter
High Lip Line: _____
Low Lip Line: _____

OCCLUSION

Full Function
 Lingualised
 Flat Plane
 Other _____

Finish Try-In

Crown & Bridge

CROWN TYPE

Procera
 PMB
 Full Metal
 EMax
 Composite
 Veneer
 Maryland
 Temporary


SHADE _____

PONTIC

Point
 Ovate
 Ridge Lap
 LAB Select

DESIGN

Splinted
 Single
 Bridge



Implant

ABUTMENTS

Titanium
 Zirconia

HYBRIDS

P.I.B. Bar (Titanium)
 P.I.B. Bar (Zirconia)

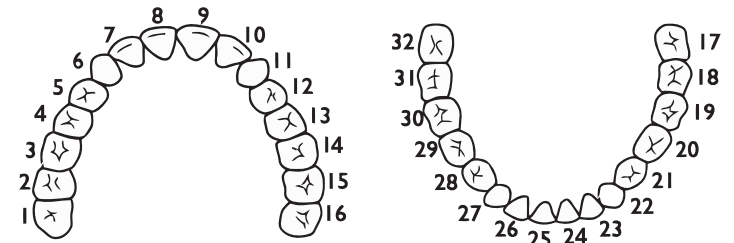
OVER-DENTURE

Bar-Retained
 Locators
 Hader
 Dolder
 Fixed
 All-On-4

PLANNING

Radiographic Guide
 Implant Planning
 Provisionalisation

Implant Type: _____
Implant Size: _____



Framework

UPPER

Horseshoe palate
 Post Bar
 Palatal Bar
 Lab Select

LOWER

Lingual Plate
 Lingual Bar
 Lab Select

RETURN

Design Only
 Framework only
 Teeth in Wax
 Partial Finished

Signature: _____