



PRACTICE & PATIENT DETAILS

DENTIST NAME

PRACTICE NAME

PHONE / EMAIL

PATIENT NAME / REF

PATIENT AGE

DATE SENT

DATE REQUIRED

WORK REQUIRED (TICK ALL THAT APPLY)

FIXED

- ☐ Monolithic Zirconia
- ☐ Multi-layered Zirconia
- ☐ Porc. Layered Zirconia
- ☐ Emax Crown / Veneer
- ☐ PFM Crown
- ☐ Full Metal Crown
- ☐ Metal Post & Core

IMPLANT

- ☐ Zirconia Impl. Crown
- ☐ Temporary PMMA
- ☐ Full Arch Bridge
- ☐ Ti-Bar
- ☐ Toronto Bridge
- ☐ Custom Abutment

REMOVABLE / ORTHO

- ☐ Full Denture (Milled)
- ☐ Full Denture (Acrylic)
- ☐ Partial Denture (Milled)
- ☐ Temporary Acrylic Denture
- ☐ Flexible Partial
- ☐ Chrome Cobalt Frame
- ☐ Night Guard
- ☐ Essix / Bleaching Tray

TOOTH CHART (CIRCLE) & SHADE

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 (E.G. A2)

SHADE SYSTEM (VITA / 3D MASTER)

ENCLOSED / SENT

- ☐ Digital scan (STL / iTero / Trios)
- ☐ Impressions (disinfected)
- ☐ Bite registration
- ☐ Opposing model
- ☐ Photos emailed

SPECIAL INSTRUCTIONS

DENTIST SIGNATURE

GDC NUMBER

DATE