

Dentist \_\_\_\_\_ Practice Name \_\_\_\_\_  
 Practice Address \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_  
 Tel \_\_\_\_\_ Email \_\_\_\_\_  
 Patient Name \_\_\_\_\_ Patient Age \_\_\_\_\_  Male  Female  
 Job# (Office only) \_\_\_\_\_  
 If patient name is listed here, please ensure you have written patient consent.

New Case  Continuation/Remake Account Number  Work Required by  Day  Month

**INSTRUCTIONS**

**Occlusal contact:**

-0.3mm / -0.1mm / 0.0mm

**Adjust opposing if required:**

Yes / No

Tick for branded implant components.

**STANDARD**

**Single shade posterior**

- IPS e.max® Crown
- Zirconia Monolithic Crown
- UTZirc (Zirconia Ultra High Translucent)

**IMPLANTS**

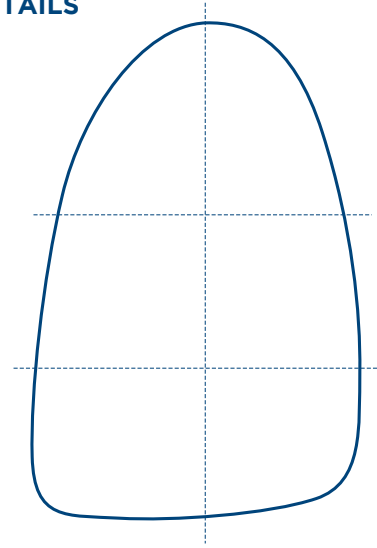
**Custom/Branded components**

- Screw retained Crown/Bridge
- Custom Zirconia Abutment
- Custom Titanium Abutment
- Surgical Guide

**REMOVABLE APPLIANCES**

- Digital Splint

**SHADE DETAILS**



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

**PREMIUM**

**Multiple shades, layered options**

- IPS e.max® Monolithic Crown
- Zirconia Monolithic Crown
- UTZirc (Zirconia Ultra High Translucent)
- Add Layered Ceramic

**METAL BASED CROWN AND BRIDGE**

- PFM
- Porcelain Margin
- Gold Crown/Onlay
- Post and Core

**ADDITIONAL INFORMATION**

**PROMO CODE**



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**precisiondental.co.nz**