

LAB ORDER FORM

Dentist _____	Practice Name _____
Practice Address _____	Suburb _____ Postcode _____
Tel _____	Email _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Job# (Office only)	Patient Name _____ Patient Age _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
If patient name is listed here, please ensure you have written patient consent.	
Promo Code _____	

<input type="checkbox"/> New Case	<input type="checkbox"/> Continuation/Remake	Account Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Work Required by <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/> Month
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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

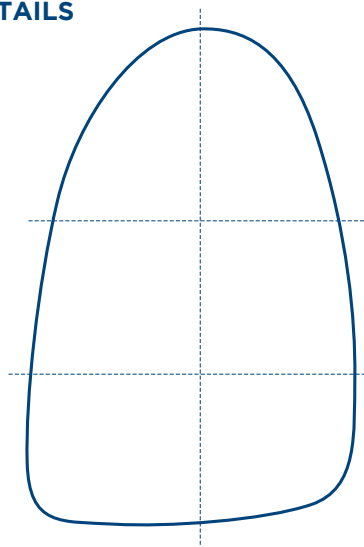
Custom/Branded components

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

REMOVABLE APPLIANCES

- ☐ Premium Splint (Digitally Made)

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 and Bridges

- ☐ 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



AUCKLAND Ph: 09 377 5451
WELLINGTON Ph: 04 384 8400
precisiondental.co.nz