

# LAB ORDER FORM

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. Promo Code \_\_\_\_\_

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.

## ALL CERAMICS

- Premium Multilayer Zirconia (high strength >1000mpa)
- IPS e.max® Crown
- Layering

## IMPLANTS

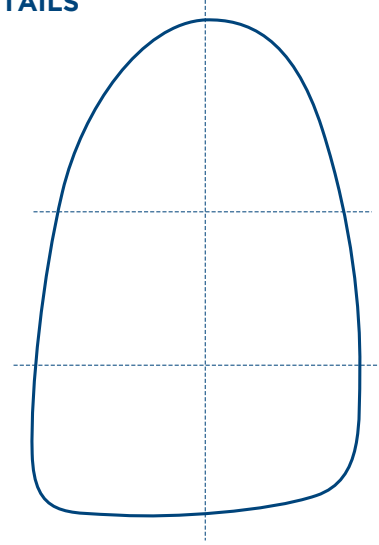
### Custom/Branded components

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

## REMOVABLE APPLIANCES

- Premium Splint (Digitally Made)
- Nylon 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

## SMILE DESIGN & COSMETIC SHADE TAKING

- Diagnostic Wax Up
- Clear Injectable Stent
- Suck down Motivational Stent
- Cosmetic Shade Taking

## METAL BASED

- PFM
- Gold Crown/Inlay/Onlay
- Post and Core

## ADDITIONAL INFORMATION

### PROMO CODE