



RESTORATIVE PROSTHETICS IMPLANT CENTRE – CROWN & BRIDGE

(Office use Only)
JOB NUMBER

Date Sent _____

Dentist _____

Surgery _____


Patient _____

Due Date _____

M F Age

INSTRUCTIONS

Patient Attending Lab for Shade:



Occlusal staining Y / N

RESTORATION TYPE

- PFM
- Veneer
- Emax Layered
- Emax Mono
- Zirconia Layer
- Zirconia Mono
- PMMA Temporaries
- Maryland Bridge
- Post & Core
- Full Metal Crown
- Metal Inlay / Onlay
- Diagnostic Wax

PROVIDED

- Impression
- Upper Model
- Lower Model
- Bite
- Articulator
- USB Stick
- Study Models

ALLOY

- Semi
- Precious
- Non Precious
- Type IV Gold

For all digital work please upload to our portal

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