



Dentist

Surgery

Patient

Due Date

CROWN & BRIDGE LAB FORM

(Office use Only)
JOB NUMBER

Date Sent

M F

Age

ITEM PROVIDED

Impression
Bite
USB Stick

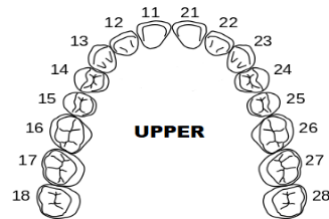
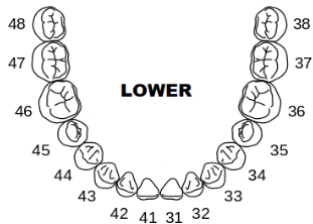
Model
Articulator

PFM
Veneer
Emax Layered
Emax Mono
Zirconia Layer
Zirconia Mono

ALLOY

Semi
Precious
Non-Precious
Type IV Gold
Sintron

PMMA Temporaries
Maryland Bridge
Post & Core
Full Metal Crown
Metal Inlay / Onlay
Diagnostic Wax



INSTRUCTIONS

Occlusal staining Y / N



For all digital work please upload to our portal

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W: www.rpiclab.com

Shade:

Attending lab

Drop Box

Email

Previous work