

Please fill in CAPITAL

1

Dr. \_\_\_\_\_ (name) Post Code: \_\_\_\_\_  
 Surgery: \_\_\_\_\_

2

No patient personal data

Your Case Reference: \_\_\_\_\_ Initials: \_\_\_\_\_

**Delivery date** Always give us 12 full working days  
 (d/m/y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ = 1 working day before the real appointment

**CROWN  
& BRIDGE**

**FULL  
CERAMIC  
PRIVATE**

3

**Restoration**

☐ Porcelain bonded

☐ non precious (Co-Cr)

☐ Semi precious (Pd)

☐ Precious, Gold (Au)

☐ Full-Ceramic

☐ e.max

☐ Zirconia aesthetic, posterior and anterior

A zirconia core with porcelain build up

☐ Full contour zirconia, made out of one pre-shaded block.

Staining & glazing added on the core but no porcelain build up

Lab use only

4

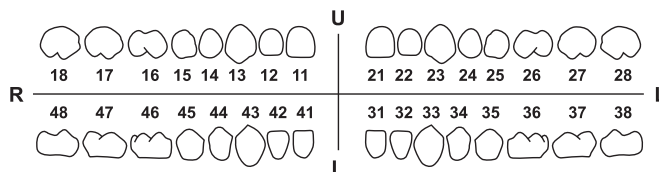
**Shade  
Use VITA guide**



gingival

(please tick)

incisal



5

**Margin(for porcelain bonded)**

☐ No metal margin

☐ Metal margin lingual / palatal (=standard)

☐ Metal all around by \_\_\_\_ mm (standard < 0.2 mm)

☐ Metal backing

☐ Metal backing + metal palatal cusp

☐ Porcelain facing only

I have disinfected the impression with: \_\_\_\_\_  
 by: \_\_\_\_\_

6

**PRIVATE**

Please always check the impression before sending. Poor impression may be liable to a minimum handling charge of £10.

\* There is an additional cost for requesting delivery before 12pm

All the appliances will be fit on the cast based on the impression.