

Please fill in CAPITAL

1

Dr. _____ (name) Post Code: _____

Surgery: _____

2

No patient personal data

Your Case Reference: _____

Delivery date

(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 Layered e.max Full Contour

☐ **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

☐ **Post & Core (metal only)**

_____ ☐ Integral

_____ ☐ Separate



Lab use only

4

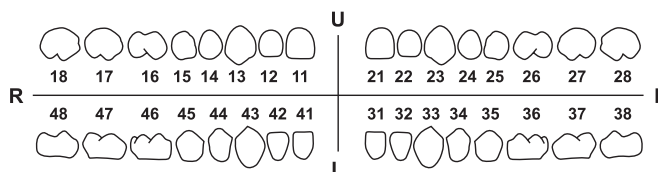
Shade



gingival

incisal

(please tick)



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.