

Job No.

Articulator Used

#



OFFICE USE ONLY

SURGEON+PRACTICE.

PATIENT

Date sent

Date Req

Apt

Dispatch Date

/

/

Am : Pm

OFFICE USE ONLY

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1

1 2 3 4 5 6 7 8

Option 1

Option 2

Tick for detail level
(costs differ please refer to price list)

Crown + Bridge

Crown(s)

Bridge(s)

Maryland

Veneer(s)

Inlay/Onlay(s)

Post and Core(s)

Implants

Screw Retained

Cement Retained

Cement Retained

Denture

Other _____

Surgical Guide Stent

Metal Free

Layering

Monolithic/Full Contour

Zirconia

Emax (Pressable)

All Porcelain

Celtra (Pressable)

Composite

Temporary/Pmma

Metal Based

Layering

Monolithic/Full Contour

Coron/CrCo

Full Non Precious

Full Gold Yellow

Other _____

Full Gold White

Other _____

Prosthetics/Appliance/Retainers

Full/Full

Cobalt Chrome

Immediate

Try-in/ Re-Try

Full Upp/Lwr

Pre-Implant

Bite Block

Finish

Partial Up/Lwr

Other _____

Special Tray(s)

Bleach Trays

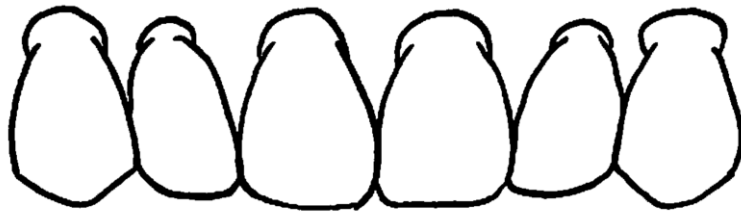
Diagnostic

Verification Jig

Please Turn Over For Shade, Characterization, Effects As well As Any Additional Instructions You Need To Disclose



Stains Effects Character



Shade

Stump Shade

Instructions/Requirements:



RADFORD HEATH

D E N T A L