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CROWN AND BRIDGE ORDER FORM

RESTORATION

- Crown
- Bridge
- Inlay/ Overlay
- Veneer
- Implant
- Maryland Pantie
- Maryland Wing
- Post Core
- Temp (PMMA)
- Diagnostic wax up
- Putty Key

EMAX

- Full Press
- Build Up
- Etch

ZIRCONIA

- Full Contour
- Build Up
- Aesthetics
- Prime

PFM

- Non-Precious
- Semi-Precious
- Buccal Porcelain Margin
- 360° Porcelain Margin
- Fine Metal Margin

IMPLANTS

- Screw Retained
- Cement Retained
- Brand: _____
- Platform: _____

FULL CAST (GOLD}

- Non-Precious 2% Gold
- Precious Gold
- Hi-content Gold

DESIGN & CONTACT

OCCLUSAL

Heavy Light* Open

PROXIMAL

Normal* Extended

OCCLUSAL

EMBRASURE

Open Closed

** standard protocol unless specified otherwise*

ITEM ENCLOSED (TICK)

- Triple Tray
- Upper Impression
- Lower Impression
- Upper Model
- Lower Model
- Bite Registration
- Old Crown/ Bridge
- Study Models
- Existing Denture
- Implant Guide Pin
- Implant coping/ Screw
- Implant Abutment
- Articulator
- Alginate

IF LACKING OCCLUSAL CLEARANCE

- Reduce prep and mark model
- Reduce opposing and mark model
- Reduce prep and make reduction key
- Call me and Send back for re-prep

TECHNICIAN NOTE (LAB USE ONLY)

TEETH POSITION

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28

SHADE

Basic Shade: _____

Stump Shade: _____

Occlusal Stain: Heavy Light* None

Has patient done/ undergoing any bleaching treatment?

Photos emailed to lab Patient sent to lab for shade

INSTRUCTIONS/ COMMENTS

Completed by: _____ Signature: _____