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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

<b>OCCLUSAL</b>  <input type="checkbox"/> Heavy <input type="checkbox"/> Light* <input type="checkbox"/> Open			<b>PROXIMAL</b>  <input type="checkbox"/> Normal* <input type="checkbox"/> Extended		
<b>OCCLUSAL</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<b>EMBRASURE</b>  <input type="checkbox"/> Open <input type="checkbox"/> 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"/>
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

### 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: \_\_\_\_\_