

Dentist _____ Practice Name _____
 Practice Address _____ Suburb _____ Postcode _____
 Tel _____ Email _____
 Patient ID _____ Date _____
 Patient ID - If patient name is listed here, please ensure you have written patient consent.

BATCH # (Office only)

New Case Continuation/Remake Account Number
 Work Required by Day Month

RESTORATION TYPE

Crown Bridge Inlay/Onlay Bonded Bridge/Wing Post & Core Veneer Diagnostic Wax-up (Advise Teeth No.)

SCD RANGE

Turnaround time: **10 in-lab days**

Metal-Based

PFM

- Non-Precious (Ni Free)
- Semi-Precious
- Ultimate High-Precious
- Titanium

Full Cast Metal

- Non-Precious Ni-Free
- Non-Precious Gold Plated
- Titanium

Yellow Gold

- Low-Precious 2%
- Semi-Precious 40%
- High-Precious 78%

Ceramic

** Provide stump shade

- IPS e.max®**
- UZir - Ultra Translucent Zirconia**
- FMZir - Fully Monolithic Zirconia
- PFZ - Porcelain-Fused-to-Zirconia**
- IPS e.max® ZirPress
- Lava™ Classic Zirconia Frame (layered)
- Lava™ Plus Zirconia Frame

Resin

Composite Reinforced with:

- Fibre
- Metal
- No extra reinforcements
- Lava™ Ultimate CAD/CAM Restorative
- Temporary Crown (PMMA)

ORIGIN RANGE

Turnaround time: **7 in-lab days**

Ceramic

- IPS e.max®**
- UZir - Ultra Translucent Zirconia**
- FMZir - Fully Monolithic Zirconia
- Temporary PMMA

** Provide stump shade

FAST TRACK

Please tick to minimise delays in case of problem

Insufficient Occlusal Clearance

NOTE: POSSIBLE VOID on warranty if one of these options are selected

- Adjust the opposing and mark on model or
- Make a reduction coping to show where to adjust the preparation.

Margins not clear / distortion on impression

NOTE: WARRANTY VOID if this option is selected

- Do best & estimate and attach a note

Suspected incorrect occlusion

NOTE: WARRANTY VOID if this option is selected

- Do best and estimate
- If any of the above problems arise, email me to advise, but proceed anyway.
- I would like these preferences to be a permanent note for all future cases.

OCCUSAL STAINING

- None
- Light
- Medium
- Dark

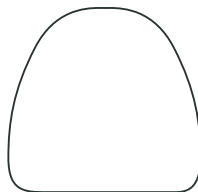
Margin Type for PFM:

- Buccal Porcelain
- Classic PFM*
- Fine Metal
- * Default
- 360 Porcelain
- Metal Occlusal

TEETH CHART

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |

SHADE (please email images)



Stump Shade:

DIAGNOSTIC WAX-UP



Value: High Medium Low

ADDITIONAL INSTRUCTIONS

PROMO CODE

EMBRASURE



- Open
 - Closed*
- * Default

OCCUSAL CONTACT



- Heavy
- Light*
- Open

PROXIMAL CONTACT



- Normal
- Extended*

PONTIC CONTACT



- *
-
-
-

MATERIAL ENCLOSED

Please tick

| | DR | SCD |
|--|-----------------------|-----------------------|
| Triple Tray | <input type="radio"/> | <input type="radio"/> |
| Upper Impression | <input type="radio"/> | <input type="radio"/> |
| Lower Impression | <input type="radio"/> | <input type="radio"/> |
| Upper Model | <input type="radio"/> | <input type="radio"/> |
| Lower Model | <input type="radio"/> | <input type="radio"/> |
| Bite Registration (over prepared abutment) | <input type="radio"/> | <input type="radio"/> |
| Previous Veneers/Crown/Bridge | <input type="radio"/> | <input type="radio"/> |
| Previous Study Models to return | <input type="radio"/> | <input type="radio"/> |
| Articulator | <input type="radio"/> | <input type="radio"/> |
| Denture | <input type="radio"/> | <input type="radio"/> |
| Veneers | <input type="radio"/> | <input type="radio"/> |
| P/C (Post Core) | <input type="radio"/> | <input type="radio"/> |
| Shade Tab | <input type="radio"/> | <input type="radio"/> |
| Voucher Attached | <input type="radio"/> | <input type="radio"/> |
| Images to be emailed | <input type="radio"/> | <input type="radio"/> |

All items sent to SCD must be decontaminated according to Dental Council of New Zealand for infection control.