

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

PROSTHESIS TYPE

- Crown
- Removable overdenture
- Bridge
- Locator
- Hybrid
- Bar & clip

SHADE

(please email images)



Anterior



Posterior

COMPONENT SUPPLIER

- Lab (default)
- Dentist

IMPLANT

System: _____
 For turnaround times please refer to price list.

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

SCD IMPLANT BUNDLE (Single units only; all inclusive)

Custom milled components

- Screw (Lab will default to appropriate abutment type)
- Cement (please specify abutment material)
 - Ti
 - Zirconia on Ti interface

Crown Type

- PFM Non-Precious
- FMZir -Fully Monolithic Zirconia
- PFZ -Porcelain-Fused-to-Zirconia

IMPLANT GUIDES

- Surgical
 - Model-based
 - Cone-beam-based
 - Cone-beam-based including planning service
- Radiographic

SCREW-RETAINED

- SCD Range

Restoration Type

PFM

- Non-Precious
- Semi-Precious⁺
- High-Precious⁺
- Ti⁺

All-ceramic

- FMZir - Fully Monolithic Zirconia
- PFZ - Porcelain-Fused-to-Zirconia
- IPS e.max[®]
- Other _____

⁺SCD Range only
⁺Genuine components only

Abutment

- Genuine
- Custom -Milled (default)

Alternative screw variations

(You will be advised if any limitations apply)

- Cross screw
- Angled Screw Channel

CEMENT-RETAINED

- SCD Range

Restoration Type

PFM

- Non-Precious
- Semi-Precious⁺
- High-Precious⁺

⁺SCD Range only
⁺Genuine components only

All ceramic

- FMZir - Full Monolithic Zirconia
- PFZ - Porcelain-Fused-to-Zirconia
- IPS e.max[®]
- Composite
- Other _____

Abutment type (choose either custom or genuine components)

Custom-milled

- Ti
- Zir on Ti Base

Genuine

- Cast (specify alloy)
- PFM default. Same alloy as PFM unless specified otherwise.

Preformed:

- Ti
- Zir

FAST TRACK

Insufficient occlusal clearance

- Adjust opposing and mark on the model

Screw retained - Buccal screw channel

- Change to cement-retained crown

MATERIAL ENCLOSED

Please tick

| | DR | SCD |
|--|-----------------------|-----------------------|
| Analog # | <input type="radio"/> | <input type="radio"/> |
| Abutment/Gold Adapt/Parts # | <input type="radio"/> | <input type="radio"/> |
| Screws # | <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 C & B to return | <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"/> |
| Crown/Bridge | <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.

ADDITIONAL INSTRUCTIONS

PROMO CODE

EMBRASURE



- Open
- Closed*

*Default

OCCUSAL CONTACT



- Heavy
- Light*
- Open

PROXIMAL CONTACT



- Normal
- Extended*

PONTIC CONTACT



- *
-
-
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