

Crown and Bridge Order Form



(07) 3505 3980
T20C Ripley Town Centre
20 Main St, Ripley, QLD, 4306
cases@premiumdentallab.com.au

Account details:

Dentist Name: Phone Number: Account Number:
Practice Name: Email Address:
Practice Address:

Case details:

Patient ID: (If using patient name, please ensure consent) New Case Continuation Case sent: / / Work Required by: AM/PM
(Ensure 10 working days in-lab. For a rush case please call prior)

1 - Select Restoration Type: (Select all that apply)

<input type="checkbox"/> Crown	<input type="checkbox"/> Maryland Bridge	<input type="checkbox"/> Implant Crown (<input type="checkbox"/> Screw <input type="checkbox"/> Cement)	<input type="checkbox"/> Occlusal Splint (KeySplint)
<input type="checkbox"/> Inlay/Onlay	<input type="checkbox"/> PMMA Temporary Crown	<input type="checkbox"/> PMMA Temporary Implant Crown	<input type="checkbox"/> Bleaching Trays
<input type="checkbox"/> Veneers	<input type="checkbox"/> Special Tray (Closed/Open)	<input type="checkbox"/> Digital Wax-up	<input type="checkbox"/> Retainer (Essex)
<input type="checkbox"/> Bridge	<input type="checkbox"/> Printed Study Models	<input type="checkbox"/> Mockup Jig (Provide details below)	<input type="checkbox"/> Digital Design Service

2 - Select Material Type: (Not required for temporary crowns, models, splints, trays or digital designs)

<u>Crown Material</u>			<u>Implant Abutment Material</u> (Please also choose crown material)
<input type="checkbox"/> Zirconia	<input type="checkbox"/> Gold	High Aesthetic Range (Anteriors only)	<input type="checkbox"/> Compatible <input type="checkbox"/> Branded
<input type="checkbox"/> Multilayer Zirconia	<input type="checkbox"/> PFM	<input type="checkbox"/> Layered Emax (Milled)	<input type="checkbox"/> Standard Ti-base Abutment
<input type="checkbox"/> Milled Emax	<input type="checkbox"/> Layered Emax	<input type="checkbox"/> Layered Emax (Pressed)	<input type="checkbox"/> Customised Titanium Abutment
<input type="checkbox"/> Pressed Emax	<input type="checkbox"/> Layered Zirconia	<input type="checkbox"/> Layered Zirconia	<input type="checkbox"/> Multi-Unit Abutment

3 - Additional details:

Select Teeth:

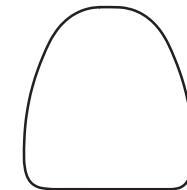
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Implant Details:

Implant Brand: Implant Platform:

Embrasure: <input type="checkbox"/> Open <input type="checkbox"/> Closed	Proximal Contacts: <input type="checkbox"/> Normal <input type="checkbox"/> Wide	Occlusal Contacts: <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Open	Pontic Design: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Shade Details:



Stump Shade:

Shade Guide Used:

Materials sent:

Upper Impression
 Lower Impression
 Bite Registration
 Triple Tray Impression
 Upper Model
 Lower Model
 Implant Components: (Please Specify) _____
 Other: (Please Specify) _____
 Photos sent via: _____
 Digital scan sent via: _____

4 - Additional instructions:

