

# Crown and Bridge Order Form



(07) 3505 3980  
T20C Ripley Town Centre  
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## 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: (Select Base material and surface finish)

<b>Base Material</b>	<b>Surface Finish</b>	<b>Implant Abutment Material</b> (Please also choose crown material)
<input type="checkbox"/> High Strength Zirconia (Not suitable for anterior, stain and glaze finish only)	<input type="checkbox"/> Stain and Glaze	<input type="checkbox"/> Compatible <input type="checkbox"/> Branded
<input type="checkbox"/> Multilayer Zirconia (High Translucency)	<input type="checkbox"/> Standard Porcelain Layering	<input type="checkbox"/> Standard Ti-base Abutment
<input type="checkbox"/> Milled Emax	<input type="checkbox"/> High Aesthetic Porcelain Layering (high characterisation and customisation, particularly suitable for single anterior teeth)	<input type="checkbox"/> Customised Titanium Abutment
<input type="checkbox"/> Pressed Emax <input type="checkbox"/> Gold		<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:  Open  Closed

Proximal Contacts:  Normal  Wide

Occlusal Contacts:  Heavy  Light  Open

Pontic Design:

### 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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