LAB SHEET No.

Doctor's Name: ....

Address: ....

Patient: .... ☐ Female   ☐ Male

TYPE OF RESTORATION
☐ PFM   ☐ Full Cast   ☐ All Ceramic

☐ Non-Precious   ☐ Zirconia
☐ Semi-Precious   ☐ E Max
☐ Gold 88%   ☐ Gradia / Adoro
☐ Captec   Composite

TYPE OF RESTORATION
☐ Single Unit Crown   ☐ Laminate   ☐ Temporary
☐ Telescope   ☐ Inlay / onlay   Crown /
☐ Bridge   ☐ Post and Core   Bridge
                          Separate
☐ Maryland Bridge   ☐ Shoulder porcelain

IMPLANTS
☐ Cemented
☐ Screwed
☐ Screwed Bar
☐ Surgical Guide
☐ Cast Implant abutment

SPECIAL WORKS
☐ Attachments
☐ Adoro fused to metal
☐ Rests: - Occlusal
            - Mesial
            - Distal
            - Lingual

SHADE:
Occlusal Staining
☐ Yes   ☐ No

☐ Extend margins 0.5/1 mm   ☐ Metal try-in
☐ Spacer layers: 0 / 2 / 3 / 4   ☐ Don't trim abutments
☐ Send Pics before shipping   More than 1/2 mm
☐ According to Silicon Key   Below gingiva

REMOVABLE PROSTHETICS
☐ Tray
☐ Bite Rim   Upper / Lower
☐ Full Denture   Upper / Lower
☐ Metallic Net   Regular / Cast   Upper / Lower
☐ Partial Acrylic   Upper / Lower
☐ Cast Partial + Acrylic   Upper / Lower
☐ Valplast   Upper / Lower
☐ Cast Partial + Valplast   Upper / Lower

PONTIC DESIGN
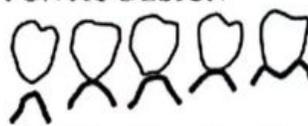
☐   ☐   ☐   ☐   ☐
A   B   C   D   E

CROWN DESIGN
Lingual
Margin   Full
            Porcelain
Standard   Coverage   Metal
                                    Occlusal

                        Exluding   Including
                        Buccal   Buccal
                        Cusp   Cusp

Rx - SPECIFIC INSTRUCTIONS:

OCCULUSAL CONTACT	INTERPROXIMAL CONTACT	GINGIVAL EMRASURE
☐ 0.5mm Clearance	☐ Light	☐ Close
☐ No Contact	☐ Medium	☐ Natural
☐ Light Contact	☐ Heavy	☐ Open
☐ Heavy Contact		

OLD CASE Number: