

Job No.

Articulator Used

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OFFICE USE ONLY

SURGEON+PRACTICE		PATIENT		Date sent	Date Req	Appt. Time	Dispatch Date
				/	/	Am : Pm	

OFFICE USE ONLY

				Implant/Treatment Planning			
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	Surgical Guide Stent	<input type="checkbox"/>	Verification Jig	<input type="checkbox"/>		
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	Diagnostic Wax Up	<input type="checkbox"/>	Diagnostic CAD Printed	<input type="checkbox"/>		

Crown + Bridge		Restoration Type		Implants	
Crown(s)	<input type="checkbox"/>	Bridge(s)	<input type="checkbox"/>	Screw Retained	<input type="checkbox"/>
Maryland	<input type="checkbox"/>	Veneer(s)	<input type="checkbox"/>	All on 4/6 Hybrid	<input type="checkbox"/>
Inlay/Onlay(s)	<input type="checkbox"/>	Post and Core(s)	<input type="checkbox"/>	Implant System	_____
				Cement Retained	<input type="checkbox"/>
				Retained Denture	<input type="checkbox"/>

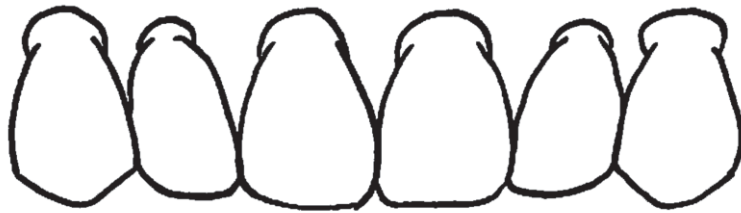
Metal Free		Material Choice		Metal Based	
Layering	<input type="checkbox"/>	Monolithic/Full Contour	<input type="checkbox"/>	Layering	<input type="checkbox"/>
Zirconia	<input type="checkbox"/>	Emax (Pressable)	<input type="checkbox"/>	Coron/CrCo	<input type="checkbox"/>
All Porcelain	<input type="checkbox"/>	Celtra (Pressable)	<input type="checkbox"/>	Full Gold Yellow	<input type="checkbox"/>
Composite	<input type="checkbox"/>	Temporary/Pmma	<input type="checkbox"/>	Full Gold White	<input type="checkbox"/>
				Non Precious Yellow	<input type="checkbox"/>
				Other _____	<input type="checkbox"/>
				Other _____	<input type="checkbox"/>

Prosthetics/Appliance/Retainers			
Full/Full	<input type="checkbox"/>	Cobalt Chrome	<input type="checkbox"/>
Full Upper/Lwr	<input type="checkbox"/>	Pre-Implant	<input type="checkbox"/>
Partial Upper/Lwr	<input type="checkbox"/>	Immediate	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	Study Models	<input type="checkbox"/>
		Bite Block	<input type="checkbox"/>
		Try-in/ Re-Try	<input type="checkbox"/>
		Finish	<input type="checkbox"/>
		Special Tray(s)	<input type="checkbox"/>
		Try-in/ Re-Try	<input type="checkbox"/>
		Bleach Trays	<input type="checkbox"/>

Please turn over to add shade details and extra instructions.



Stains Effects Character



Shade

Stump Shade

Instructions/Requirements/Components/Parts



RADFORD HEATH

D E N T A L