

ceramic artisans

DENTAL LAB

Suite 303, 71-73 Archer St, Chatswood NSW 2067 | www.ceramicartisans.com.au | (02) 9904 6023

Patient Name: _____

Dentist Name _____

Due Date: _____

Practice _____

Sex _____

Age _____

Practice Suburb _____

RESTORATIONS

- Crown
- Bridge
- Veneer
- Inlay/Onlay
- Implant Crown

Implant System: _____

Implant Diameter: _____

Intraoral scan?

Scan Body Type: _____

MATERIAL

- Zirconia (Layered)
- Zirconia (Monolithic)
- Lithium Disilicate
- Precious Metal/Gold
- PFM (Semi-precious)
- PFM (Non-precious)
- PMMA

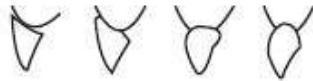
CONTACTS

- Light Medium Heavy-Scrape cast

OCCLUSION

- Out
- Slightly Out
- Touching
- Reduction coping
- Adjust Opposing
- Metal Occlusal
- Other

PONTIC DESIGN



AESTHETIC PLANNING

- Diagnostic Wax-up
- Smile Design
- Alternate teeth Printed model
- Clear Stent for Injectable
- Putty for Mock-up
- Reduction Guide Printed

DENTURES

- Full Denture Upper/Lower
- Partial denture (Cr-Co)
- Partial denture (Acrylic)
- Immediate denture
- Reline/Rebase
- Repair

MISCELLANEOUS

- Occlusal splint
- Whitening Trays Upper/Lower
- Ortho Retainer (Suckdown)
- Lingual Wire (V-loop retainer)
- Study models
- Surgical Guide
- Special Tray
- Mouthguard - Colour: _____

TECHNICIAN

- Ceramist Master Ceramist Name: _____

INSTRUCTIONS:

TOOTH NUMBER

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

SHADE:

Dentist Signature: _____

STUMP:

Technician Signature: _____