

Dentist _____ Practice Name _____
 Practice Address _____ Suburb _____ Postcode _____
 Tel _____ Email _____
 Patient ID _____ Date _____
 Patient ID - If patient name is listed here, please ensure you have written patient consent.

BATCH # (Office only)

New Case Continuation/Remake Account Number Work Required by Day Month

RESTORATION TYPE

Crown Bridge Inlay/Onlay Bonded Bridge/Wing Post & Core Veneer Diagnostic Wax-up (Advise Teeth No.)

SCD RANGE *If Range has not been selected it will default to SCD Range
 For turnaround times please refer to price list.

Metal-Based

- PFM**
- Standard Non-Precious (Ni Free)
 - Ultimate Semi-Precious
 - Ultimate High-Precious

Full Cast Metal

- Non-Precious (Ni-Free - silver looking)
- Non-Precious Gold Plated
- Titanium

Yellow Gold

- Low-Precious 2%
- Semi-Precious 40%
- High-Precious 78%

** Provide stump shade

Margin Type for PFM: Buccal Porcelain* Classic PFM Fine Metal 360 Porcelain Metal Occlusal
 * Default

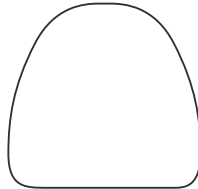
TEETH CHART

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

DIAGNOSTIC WAX-UP

_____ | _____
 Value: High Medium Low

SHADE (please email images)



STUMP SHADE: _____

ORIGIN RANGE

- Ceramic**
- IPS e.max**
 - UZir - Ultra Translucent Zirconia**
 - FMZir - Fully Monolithic Zirconia
 - Temporary PMMA

** Provide stump shade

FAST TRACK

Please tick to minimise delays in case of problem

Insufficient Occlusal Clearance

NOTE: POSSIBLE VOID on warranty if one of these options are selected

- Adjust the opposing and mark on model or
- Make a reduction coping to show where to adjust the preparation.

Margins not clear / distortion on impression

NOTE: WARRANTY VOID if this option is selected

- Do best & estimate and attach a note

Suspected incorrect occlusion

NOTE: WARRANTY VOID if this option is selected

- Do best and estimate
- If any of the above problems arise, email me to advise, but proceed anyway.
- I would like these preferences to be a permanent note for all future cases.

ADDITIONAL INSTRUCTIONS

MATERIAL ENCLOSED

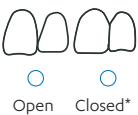
Please tick

	DR	SCD
Triple Tray.....	<input type="checkbox"/>	<input type="checkbox"/>
Upper Impression.....	<input type="checkbox"/>	<input type="checkbox"/>
Lower Impression.....	<input type="checkbox"/>	<input type="checkbox"/>
Upper Model.....	<input type="checkbox"/>	<input type="checkbox"/>
Lower Model.....	<input type="checkbox"/>	<input type="checkbox"/>
Bite Registration (over prepared abutment).....	<input type="checkbox"/>	<input type="checkbox"/>
Previous Veneers/Crown/Bridge.....	<input type="checkbox"/>	<input type="checkbox"/>
Previous Study Models to return.....	<input type="checkbox"/>	<input type="checkbox"/>
Articulator.....	<input type="checkbox"/>	<input type="checkbox"/>
Denture.....	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic wax-up.....	<input type="checkbox"/>	<input type="checkbox"/>
Implant Component.....	<input type="checkbox"/>	<input type="checkbox"/>
P/C (Post Core).....	<input type="checkbox"/>	<input type="checkbox"/>
Shade Tab.....	<input type="checkbox"/>	<input type="checkbox"/>
Voucher Attached.....	<input type="checkbox"/>	<input type="checkbox"/>
Images to be emailed.....	<input type="checkbox"/>	<input type="checkbox"/>

All items sent to SCD must be decontaminated according to Dental Council New Zealand for infection control.

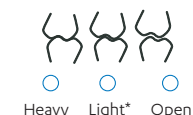
PROMO CODE

EMBRASURE

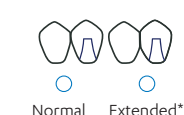


* Default

OCCUSAL CONTACT



PROXIMAL CONTACT



PONTIC CONTACT

