Southern Cross Dental

EMAIL IMAGES
akl@scdlab.com

TRACK YOUR CASE
my.scdlab.co.nz

PENN COMPOSITE STENT

Dentist _____ Practice Name _____

Practice Address _____ Suburb _____ Postcode _____

Tel _____ Email _____

☐☐☐☐☐☐☐ Patient ID _____ Date _____

BATCH # (Office only)

Patient ID - If patient name is listed here, please ensure you have written patient consent.

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

○ **Wax-up ONLY** ○ **Wax-up + Penn Stent** **(default)**

SELECT PREFERRED SMILE TYPE

○ Aggressive

○ Dominant

○ Enhanced

○ Focused

○ Functional

○ Hollywood

○ Mature

○ Natural

○ Oval

○ Softened

○ Vigorous

○ Youthful

TURNAROUND TIME: 12 IN-LAB DAYS

(confirmed on receipt of order)

Teeth to wax-up _____

Existing tooth shade _____

Shade intended _____

Please allow wax-up thickness of up to 1.5mm for composite injection.

Please indicate your requirements:

○ Trim back model by _____ mm
(If you plan to build the teeth out buccally less than 1.5mm, please specify how much)

○ No adjustment to the model
(if require the teeth to be more buccally placed than pre-op position)

MATERIAL ENCLOSED

Please tick ✓

	DR	SCD
Upper Impression	○	○
Lower Impression	○	○
Upper Model	○	○
Lower Model	○	○
Bite Registration	○	○
Images to be emailed	○	

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

ADDITIONAL INSTRUCTIONS

PROMO CODE

Auckland Level 1, 6 Auburn Street, Grafton, Auckland 1023
T. 09 379 9778 | **F.** 09 379 9777

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