

## CROWN & BRIDGE ORDER FORM

### INNO DENTAL LAB.

Address: 201/15 Park St, South Melbourne VIC 3205  
Phone: 1800 089 570 Email: info@innodentallab.com.au

Website: www.innodentallab.com.au

### RESTORATION TYPE

Crown  Bridge  Inlay / Onlay  Maryland Bridge

Post and Core  Diagnostic Wax-up  Temporary Crown PMMA

### CROWN TYPE

Metal Restorations	All Ceramic	Full Cast
Non-precious (Cr-Co) <input type="checkbox"/>	E. max <input type="checkbox"/>	Yellow Gold <input type="checkbox"/>
Semi-precious (Yellow Gold) <input type="checkbox"/>	Layering E. max <input type="checkbox"/>	Non-precious (Cr-Co) <input type="checkbox"/>
High-precious (Yellow Gold) <input type="checkbox"/>	Monolithic Zirconia <input type="checkbox"/>	Non-precious (Gold Colour) <input type="checkbox"/>
	Layering Zirconia <input type="checkbox"/>	

### FAST TRACK IF INSUFFICIENT ROOM







Reduce Prep. and Mark Model  Reduce Prep. and Make Reduction Key   
Reduce Opposing and Mark Model  Call to Discuss





### ADDITIONAL INSTRUCTION

#### Select Teeth Numbers



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

Dentist		Practice	
Address			
Patient		Phone	
Date		Patient Age	Male <input type="checkbox"/> Female <input type="checkbox"/>
Working Required By		Request Special Working Date <input type="checkbox"/>	

<b>MARGIN TYPE</b>	Buccal Porcelain Margin <input type="checkbox"/>	Fine Metal Margin <input type="checkbox"/>				
	Classic PFM <input type="checkbox"/>	360 Porcelain Margin <input type="checkbox"/>				
<b>METAL DESIGN</b>						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Occlusal Contact	Proximal Contact	Embrasure	Pontic Design
			
Heavy <input type="checkbox"/>	Normal <input type="checkbox"/>	Open <input type="checkbox"/>	<input type="checkbox"/>
Light <input type="checkbox"/>	Extended <input type="checkbox"/>	Closed <input type="checkbox"/>	<input type="checkbox"/>
Open <input type="checkbox"/>			<input type="checkbox"/>

### SHADE

 	<b>Stump Shade:</b>	
	<b>Basic Shade:</b>	
	Photo Emailed <input type="checkbox"/>	
	<b>Occlusal Stain</b>	None <input type="checkbox"/>
	Medium <input type="checkbox"/>	Dark <input type="checkbox"/>

### ITEM ENCLOSING

Upper IMP  Upper Model  Denture  Tripe Tray   
Lower IMP  Lower Model  Bite Registration  Articulator   
Study Models  Previous Crown  Facebow  Voucher   
Photos



## IMPLANT PROSTHESIS ORDER FORM

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### IMPLANT DETAILS

Brand		Type	Mini <input type="checkbox"/> Regular <input type="checkbox"/> Wide <input type="checkbox"/>
Fixture Details	Healing Abutment Details	Request to order implant component <input type="checkbox"/>	
			





### SCREW RETAINED TYPE SELECTION

Abutment Type	Custom Gold Abutment <input type="checkbox"/>	CAD-CAM Titanium <input type="checkbox"/>	Ti-base <input type="checkbox"/>
		Standard Abutment <input type="checkbox"/>	
Implant Crown Type	PFM <input type="checkbox"/>	PFM <input type="checkbox"/>	Monolithic Zirconia <input type="checkbox"/>
	Zirconia <input type="checkbox"/>	Zirconia <input type="checkbox"/>	Layering Zirconia <input type="checkbox"/>

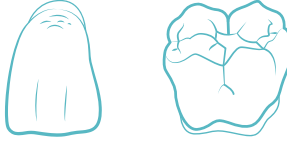
### CEMENT RETAINED TYPE SELECTION

Abutment Type	
CAD-CAM Titanium <input type="checkbox"/> Zirconia <input type="checkbox"/>	Cast Type Semi-precious <input type="checkbox"/> Non-precious <input type="checkbox"/>
	Preformed (Ready-made) Abutment Titanium <input type="checkbox"/> Zirconia <input type="checkbox"/>
Crown Type	PFM (Non-precious) <input type="checkbox"/> Zirconia Full <input type="checkbox"/> Layering <input type="checkbox"/>
Additional Option	Metal Design
Palatal Screw <input type="checkbox"/>	

Dentist		Practice	
Address			
Patient		Phone	
Date	Patient Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Working Required By		Request Special Working Date <input type="checkbox"/>	

Occlusal Contact	Proximal Contact	Embrasure	Pontic Design
			
Heavy <input type="checkbox"/> Light <input type="checkbox"/> Open <input type="checkbox"/>	Normal <input type="checkbox"/> Extended <input type="checkbox"/>	Open <input type="checkbox"/> Closed <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### SHADE

	Basic Shade:
	Photo Emailed <input type="checkbox"/>

### INTSRUCTION

<b>Select Teeth Numbers</b>
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

### ITEM ENCLOSING

Analog <input type="checkbox"/>	Opposing Model <input type="checkbox"/>	Old Crown <input type="checkbox"/>	Voucher <input type="checkbox"/>
Abutment <input type="checkbox"/>	Bite Registration <input type="checkbox"/>	Denture <input type="checkbox"/>	
Screws <input type="checkbox"/>	Photo <input type="checkbox"/>	Shade Tab <input type="checkbox"/>	Etc <input type="checkbox"/>
Impression <input type="checkbox"/>	Study Model <input type="checkbox"/>		