



Case NO. \_\_\_\_\_

Dentist: \_\_\_\_\_ Date Req'd \_\_\_\_\_

Patient: \_\_\_\_\_ Age: \_\_\_\_ M , F

**Fast Check (must select)**

Not Enough Occlusion Clearance:  Contact,  Adjut Opposing,  Adjust Abutment,  Bite on Metal,  Marke this as a permentant note,

**Internal Use Only**

Bar Code: \_\_\_\_\_

Batch #: \_\_\_\_\_

Receive Date: \_\_\_\_\_

Customer #. \_\_\_\_\_

Finish Date: \_\_\_\_\_

QC: \_\_\_\_\_

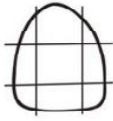
v202407

Ship Address: 1/F No 41 Ma Wan New Village, Pa Mei Rd, Tung Chung Lantu Island

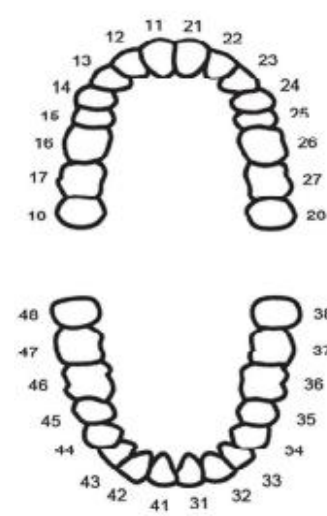
Tooth Position:	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	<b>Removeable Restoration</b>	<input type="checkbox"/> Repair <input type="checkbox"/> Rebase <input type="checkbox"/> Reline
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	<input type="checkbox"/> U / L Biteblock	

**Units:**

**Extracted:**

<b>Fixed Restoration</b>	<b>PFM</b>	<b>Shade</b>	<b>Occlusal Stain</b>
<input type="checkbox"/> Inlay/Onlay <input type="checkbox"/> Veneer <input type="checkbox"/> Single Crown <input type="checkbox"/> Bridge <input type="checkbox"/> Maryland Bridge <input type="checkbox"/> Post & Core only <input type="checkbox"/> Post & Crown <input type="checkbox"/> Implant-Cement Retained <input type="checkbox"/> Implant-Screw Retained <input type="checkbox"/> Telescope - Inner layer <input type="checkbox"/> Telescope - Second layer <input type="checkbox"/> Others _____	<input type="checkbox"/> HN -Yellow 74% <input type="checkbox"/> HN -White 40% <input type="checkbox"/> Noble - 54B <input type="checkbox"/> Economic PT (20%) <input type="checkbox"/> NP (Ni-Free)* <b>Full Metal</b> <input type="checkbox"/> 75% Gold <input type="checkbox"/> 58% Gold <input type="checkbox"/> 40% Gold <input type="checkbox"/> 2% Economic Gold <input type="checkbox"/> NP (Ni Free)* <b>Metal-Free</b> <input type="checkbox"/> Splid Zircon -Standard <input type="checkbox"/> Solid Zircon -Premium <input type="checkbox"/> Zir with Porc Layer <input type="checkbox"/> Veneers <input type="checkbox"/> e.max Press <input type="checkbox"/> e.max CAD <input type="checkbox"/> Composite	Stump Shade: _____ (fill out for metal-free case) Shade Guide Used: _____ <b>Margin &amp; Metal</b> <input type="checkbox"/> Buccal <input type="checkbox"/> 360 degree <b>Shoulder Porcelai</b> <input type="checkbox"/> Buccal <input type="checkbox"/> 360 degree <b>Pontic Design</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Embrasure</b> <input type="checkbox"/> Open* <input type="checkbox"/> Close	<input type="checkbox"/> None <input type="checkbox"/> Light* <input type="checkbox"/> Medium <input type="checkbox"/> Dark 
<b>Attachments / Locator</b> <input type="checkbox"/> Preci-Attachment <input type="checkbox"/> Slot Attachment <input type="checkbox"/> MK1 Attachment <input type="checkbox"/> Ceka <input type="checkbox"/> Locator	<b>Occlusal Contact</b> <input type="checkbox"/> Light* <input type="checkbox"/> None <input type="checkbox"/> Full <b>Proximal Contact</b> <input type="checkbox"/> Normal* <input type="checkbox"/> Extended <b>Surface Texture and Contour</b> <input type="checkbox"/> Match adjacent* <input type="checkbox"/> Ideal <input type="checkbox"/> Match study model		

<input type="checkbox"/> U / L Custom Tray	<input type="checkbox"/> Set up <input type="checkbox"/> Finish <input type="checkbox"/> Complete
<input type="checkbox"/> U / L Metal Framework (CoCr* / VTM2000 / Titanium)	<input type="checkbox"/> Set up <input type="checkbox"/> Finish <input type="checkbox"/> Complete
<input type="checkbox"/> U / L Flexible Denture-Valplast Tissue <input type="checkbox"/> Clear <input type="checkbox"/> Lt Pink, <input type="checkbox"/> Stnd Pink*, <input type="checkbox"/> Dark Pink, <input type="checkbox"/> Mecharry	<input type="checkbox"/> Set up <input type="checkbox"/> Finish <input type="checkbox"/> Complete
<input type="checkbox"/> U / L Acrylic Denture Tissue <input type="checkbox"/> Lingt Pink, <input type="checkbox"/> Regular Pink*, <input type="checkbox"/> Dark Pink, <input type="checkbox"/> Lucitone 19 <input type="checkbox"/> Light Meharry, <input type="checkbox"/> Medium Meharry, <input type="checkbox"/> Dark Meharry	<input type="checkbox"/> Set up <input type="checkbox"/> Finish <input type="checkbox"/> Complete



**Type of Tooth**  Huge,  Yamahachi,  Ivoclar,  IPN (extra charge)

**Add Clasps** on Teeth#: \_\_\_\_\_  
 Wire  Valplast  
 Clear  Tooth Color \_\_\_\_\_

**Orthodontics**

U / L Retainer  Hawley  Spring  Wrap Around

U / L Expansion Plate

U / L Sports Guard

U / L Snoring Guard, Type \_\_\_\_\_

U / L Night Guard  Soft  Hard  Soft & Hard

Others

**Rx** Specific Instructions \_\_\_\_\_

(\* Standard protocol unless specified otherwise)

Enclosed With Case Impression \_\_\_\_\_ Bite \_\_\_\_\_ Photo \_\_\_\_\_ Model \_\_\_\_\_ Old crown \_\_\_\_\_ Abutment \_\_\_\_\_ Screw \_\_\_\_\_ Analog \_\_\_\_\_ Tissue \_\_\_\_\_ Articulator \_\_\_\_\_ Others \_\_\_\_\_

