



CLIENT	A/C No.
TEL.	
EMAIL / SMS No.	

Custom made for the exclusive use of (Patient's Name)	AGE
	M/F

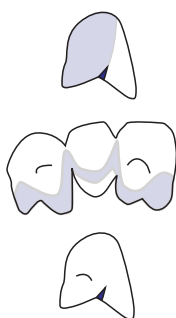
NHS ☐ PRIVATE ☐

Date required (Please allow 10 working days)

____/____/20____ Pre-Blooded ☐

CROWN, BRIDGE & IMPLANTS

- ☐ Crown
- ☐ Bridge (Design opposite)
- ☐ Cantilever
- ☐ Post & Core
- ☐ Onlay / Inlay
- ☐ Veneer
- ☐ Maryland / Rochette
- ☐ Implant System
- ☐ Telescopic Crown
- ☐ Removable (Precision attachments)



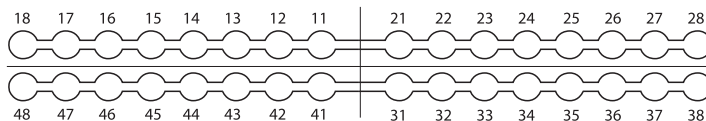
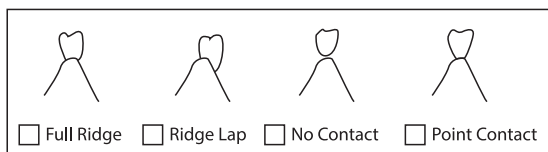
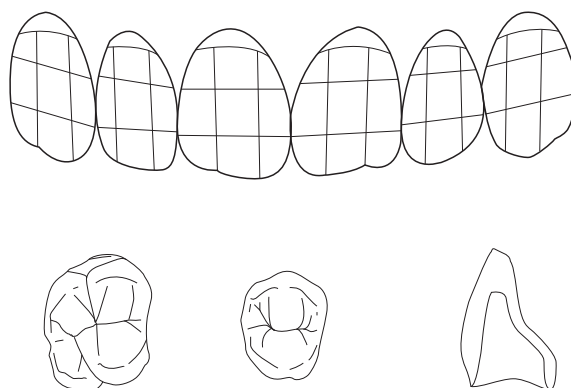
Full metal backing

Metal collar

Porcelain butt backing

GLAZE

- ☐ High
 - ☐ Medium
 - ☐ Low



REQUEST FOR BAGS LAB CARDS

NON BONDING ALLOY

- ☐ Yellow Gold _____
- ☐ White Gold _____
- ☐ Non Precious (s) _____

CERAMICS

- ☐ IPS e.max® CAD
- ☐ IPS e.max Press®
- ☐ IPS Empress Esthetic®
- ☐ Noritake® Porcelain
- ☐ Other _____

BONDING ALLOY

- ☐ Non - Precious (s) (g)
- ☐ Semi - Precious _____
- ☐ Precious Yellow _____
- ☐ Precious White _____
- ☐ Other _____



LAB USE ONLY

1	2
3	4

ENCLOSURES

- ☐ Impressions
- ☐ U/L Model
- ☐ Photo
- ☐ Other _____

INSTRUCTIONS

[illegible]