

BRIGHT DENTAL LAB



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From:

Case #:

Patient:

Date Sent: _____

Dentist: _____

Date Due: _____

We sent: Impression Model Bite Study Model Photo Implant Hardware Other _____

Fixed Restorations

Restorations (Crown/Bridge)

PFM Full metal cast Zirconia Full contour Zirconia E-max

Post only (no crown) Integrated post+crown Separate post+crown

Maryland Bridge Temporary Crown Veneer/Inlay/Onlay

Coping try in

Alloy

Non-Precious (Ni-Cr) Non-Precious (Co-Cr)

Titalium Semi-Precious High Noble Capteck

Pontic: FULL RIDGE PARTIAL RIDGE POINT CONTACT NO CONTACT



Contact: Light Medium Heavy

Embrasure: Close Open Normal

Stain: None Light Medium Heavy

Surface Texture: Smooth Moderate Heavy

Ooclusal: In occlusion light occlusion Out of occlusion

If no Ooclusal Clearance:
 Reduction coping Mark/reduce opposing
 Place metal island Lab should contact us

Additional instructions:

Removable Restorations

Restorations (Upper/Lower)

Framework Set up teeth (choose tooth number:)

Valplast

Acrylic Denture

Orthodontic&Retainer

Night guard-SOFT

Night guard-HARD

Night guard-SOFT/HARD

For try-in Finish

Tooth # :

Shade:

SPECIFIC INSTRUCTION:

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							

