

Practice Name _____ Invoice Name _____
 Invoice Address _____ City | County _____ Postcode _____
 Tel _____ Email _____
 Patient ID _____ Date _____

BATCH # (Office only)

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

RESTORATION TYPE † Default materials is PFM
 Crown* Bridge Inlay/Onlay Bonded Bridge/Wing Post & Core Veneer Diagnostic Wax-up (Advise Teeth No.)

SCD RANGE

Turnaround time: **10 working days**

Metal-Based (All alloys are Ni Free)

- PFM**
 Non-Precious (Default)
 Semi-Precious
 High Precious

Full Cast Metal

- Non-Precious Ni-Free
 Non-Precious Gold Plated
 Titanium

Yellow Gold

- Semi-Precious 40%
 High Gold Content 78%

Ceramic (Please provide stump shade)

- IPS e.max®
 VITA ENAMIC®

Zirconia Based

- FMZir - Fully Monolithic Zirconia
 UZir - Ultra Translucent Zirconia
 PFZ - Porcelain-Fused-to-Zirconia
 IPS e.max® ZirPress
 IPS e.max® ZirCAD Prime
 Lava™ Classic Zirconia Frame (layered)
 Lava™ Plus Zirconia Frame

Resin

- Composite Reinforced with:
 Fibre
 Metal
 No extra reinforcements
 Lava™ Ultimate CAD/CAM Restorative
 Temporary Crown (PMMA)

Margin Type for PFM: Buccal Porcelain* Classic PFM Fine Metal

*Default 360 Porcelain Metal Occlusal

MATERIAL ENCLOSED

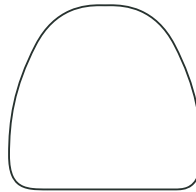
Please tick

	DENTIST	SCD
Triple Tray	<input type="checkbox"/>	<input type="checkbox"/>
Upper Impression	<input type="checkbox"/>	<input type="checkbox"/>
Lower Impression	<input type="checkbox"/>	<input type="checkbox"/>
Upper Model	<input type="checkbox"/>	<input type="checkbox"/>
Lower Model	<input type="checkbox"/>	<input type="checkbox"/>
Bite Registration (over prepared abutment)	<input type="checkbox"/>	<input type="checkbox"/>
Previous Veneers/Crown/Bridge	<input type="checkbox"/>	<input type="checkbox"/>
Previous Study Models to return	<input type="checkbox"/>	<input type="checkbox"/>
Articulator	<input type="checkbox"/>	<input type="checkbox"/>
Denture	<input type="checkbox"/>	<input type="checkbox"/>
Veneers	<input type="checkbox"/>	<input type="checkbox"/>
Implant Component	<input type="checkbox"/>	<input type="checkbox"/>
P/C (Post Core)	<input type="checkbox"/>	<input type="checkbox"/>
Shade Tab	<input type="checkbox"/>	<input type="checkbox"/>
Voucher Attached	<input type="checkbox"/>	<input type="checkbox"/>
Images to be emailed	<input type="checkbox"/>	<input type="checkbox"/>

TEETH CHART

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

SHADE (please email images)



Stump Shade:

*Default

EMBRASURE



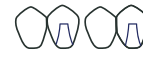
Open* Closed

OCCLUSAL CONTACT



Heavy Light* Open

PROXIMAL CONTACT



Normal* Extended

PONTIC CONTACT



*

ADDITIONAL INSTRUCTIONS

Prescriber Feedback:

To enable our dental laboratory to comply with the Medical Devices Regulations for Post Market Surveillance, please inform us of any feedback or issues regarding the device(s) on receipt as soon as possible.