Dental lab order

Order no. _____

Dentist _____ Phone _____

Clinic _____ Lab _____

Patient (name or code) _____ Age _____ Sex _____

Sent _____ Try-in _____ Needed by _____

TEETH (FDI)

☐ 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

WORK

☐ Crown ☐ Bridge ☐ Inlay / onlay ☐ Veneer ☐ Post and core ☐ Implant crown

☐ Provisional ☐ Complete denture ☐ Partial denture ☐ Night guard ☐ Special tray ☐ Other

MATERIAL

☐ Monolithic zirconia ☐ Layered zirconia ☐ Lithium disilicate ☐ Porcelain fused to metal

☐ Full metal ☐ PMMA ☐ Acrylic ☐ Cobalt-chrome ☐ Flexible

SHADE

Shade _____ Guide _____ Stump shade _____

☐ Shade photos sent ☐ Characterisation (see notes)

DESIGN

Pontic ☐ Ridge lap ☐ Modified ridge lap ☐ Ovate ☐ Hygienic

Occlusion ☐ Light ☐ Normal ☐ Out of occlusion

Contacts ☐ Light ☐ Normal ☐ Tight

Margin ☐ Metal collar ☐ Porcelain margin ☐ As prepared

ENCLOSED

☐ Upper impression ☐ Lower impression ☐ Digital scan ☐ Bite registration ☐ Models

☐ Photos ☐ Old prosthesis

NOTES FOR THE TECHNICIAN

Signature _____ Date _____

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