

DATE: ___/___/___

WORK

DATE

TIME

SPECIAL TRAY

BITE BLOCK

TRY-IN

RE-TRY

CLINICIAN : _____


PATIENT: _____

MALE / FEMALE AGE: _____

FINISH: _____

CROWN & BRIDGE
 SHADE _____ STUMP SHADE _____

PFM

SHOULDER 180 360
 360 METAL COLLAR
 PONTIC DESIGN 
 MARYLAND BRIDGE
 FIXED/MOVEABLE
 POST AND CORE

GOLD

FULL GOLD CROWN
 ONLAY/INLAY ¾ CROWN

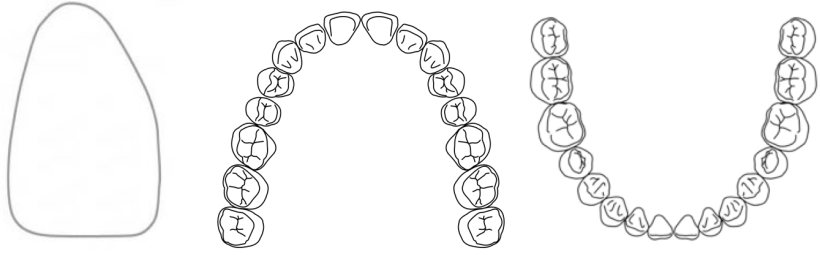
ALL CERAMIC

EMAX ZIRCONIA OTHER

TEMPORARIES

LAB MADE MILLED PMMA

INSTRUCTIONS



PREP WORK

SPECIAL TRAYS
 BITE BLOCKS
 STUDY MODELS 3D PRINTED

DENTURE WORK

FULL U/L TRY-IN
 FULL U/L IMMEDIATE TRY-IN
 PROCESS DENTURE CHARACTERISED

ACRYLIC PARTIAL VALPLAST PARTIAL
 TRY-IN PROCESS

RELINE REPAIR ADDITION

CHROME COBALT FRAME

CHROME FRAME
 FRAME ONLY TRY-IN
 FRAME TRY-IN WITH TEETH
 ATTACHMENTS
 PROCESS CHARACTERISED

IMPLANT SUPPORTED

FIXED
 OVERDENTURE
 BAR
 BAR AND SUPERSTRUCTURE

IMPLANTS

SURGICAL GUIDE IMPLANT BRAND _____
 IMPLANT SIZE _____

CROWN

PFM ZIRCONIA GOLD EMAX

CUSTOM ABUTMENT

ZIRCONIA TITANIUM CHROME COBALT ANODISED

SPLINTS/ MOUTHGUARDS

HARD/SOFT HARD
 FLEXIBLE RAMPS
 NTI

MOUTHGUARD – SPORT _____

COLOURS _____ SCHOOL _____