TOP-TECH DENTAL LAB

Date Sent:_____

Date Due:_____

Case Number

Mobile: (+86) 135 2873 9005
Contact : Chris

Dentist:

Patient:

We sent: ☐Impression ☐Model ☐Bite ☐Study Model ☐Abutement ☐Other

FIXED RESTAURATIONS

Restaurations ☐Crown/ ☐Bridge/ ☐Veneer/ ☐Inlay/Onlay

☐PFM ☐Full Metal Cast ☐Post+Core
☐E-max ☐Telescop ☐Composite ☐TemporaryPMMA
☐Zirconia(With porcelain) ☐Full Zirconia(Solid zirconia)

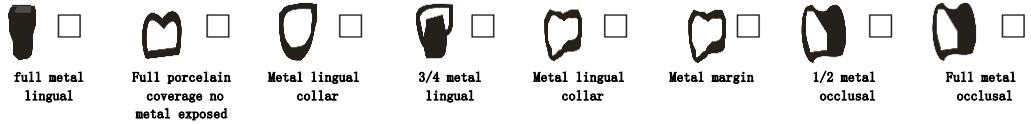
Alloy

☐Ni/Cr ☐Co/Cr ☐Titanium Alloy ☐Semi-Precious(PD/AG)
☐High Noble(40%Au) ☐High Noble(74%Au)

Pontic

☐ Full RIDGE ☐ PARTIAL RIDGE ☐ Modified Partial Ridge ☐ Deep Into Gum

Metal Design



Occlusal Contact: ☐Open ☐Light ☐Heavy

Proximal Contact: ☐Light ☐Normal ☐Tight

Embrasure: ☐Close ☐Normal ☐Open for Cleaning

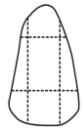
Occlusal Staining: ☐None ☐Light ☐Medium ☐Heavy

REMOVABLE RESTAURATIONS

Restauration ☐Upper/ ☐Lower

☐Partial Chrome (framework ☐Set up teeth
☐Valplast ☐Expander/Retainer
☐Acrylic-Denture ☐Occlusal splint
☐Bite rims ☐Bleaching tray
☐Special tray ☐Invisalign
☐For try-in ☐finish acrylic ☐finish in Valplast

Tooth: _____ Gingival: _____
SHADE: _____ Body: _____
Incisal: _____



SPECIFIC INSTRUCTION