

	L LABORATORY	
0480 637 831 SPDlaboratory@gmail.c 1341 Point Nepean Rd,		Date Due in Office:
Doctor's Name:		
Practice Name:		
Address Name:		
Patient Name:		
Gender:	○ F Age:	
City:	State:	
ALL CERAMIC	PFM / FULL CAST	IMPLANTS OTHERS
Aesthetic Zirconia IPSE.Max Lumineers Zirconia Porcelain Layered	Non-PreciousNoble White HighNoble Yellow HighNoble	Titanium Zirconia w/ Ti-Base Ceramage Biomet 3i Encode Screw Retained
CROW	RX SPECIFIC INSTRUCTIONS	
Characterizations	Saddle ridge-lap Sanitary/ hygienic Conical Ovate	Please provide any photos, study models, diagnostic casts with case. Email photos to: SPDlaboratory@gmail.com
Tooth Shade (REQUIRED) Stump Shade (REQUIRED FOR E.MAX)	Tooth Shade (vita is default) Pink Tissue Shade	
Enclosures Lab use Only Photo(s) Analog		Dentist signature:
Impression Bite	Shade Tab Others	