



PRIVATE CROWN & BRIDGE

PA DENTAL LAB SERVICES LTD
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DENTIST NAME	ADDRESS:	Lab use only:
		JOB NO.
PATIENT NAME	PHONE:	Work Accepted by Lab Date:
DATE REQUIRED		Initials:
APPOINTMENT TIME		

NOTATION

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 _____

Crown Maryland Pontic Diagnostic Wax Up
 Bridge Inlay Wing
 Veneer Onlay Post & Core Temporary Crown/Bridge

ALL CERAMIC	ALL METAL	IMPLANT SYSTEM <i>Please state</i>
<input type="checkbox"/> Emax	<input type="checkbox"/> 60% Yellow Gold	_____
<input type="checkbox"/> Zirconia	<input type="checkbox"/> 33% Yellow Gold	<i>Please note implant timings are case specific and should be discussed with the lab</i>
	<input type="checkbox"/> Semi-Precious white	
	<input type="checkbox"/> Non-Precious white	

METAL DESIGN	OCCUSAL STAIN	Additional items included with work, Analogues etc
<input type="checkbox"/> Buccal Margin <input type="checkbox"/> Backing	<input type="checkbox"/> None <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	
<input type="checkbox"/> Palatal Margin <input type="checkbox"/> Bite Island Lingual		



Work compliant with order:	Initials:	Date:
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Dental Laboratories Association
 Registered Member

