

DOCTOR _____

TEL. _____ E MAIL _____

ADDRESS _____ CITY _____

PATIENT _____

Send photos to email : info@dentallabs.gr or Viber / WhatsApp : +30 6946 777910

FIXED PROSTHETIC RESTORATIONS

METAL CERAMIC (PFM)

- Chromium - Cobalt
- Other Alloy
- Porcelain Butt Margin

Tooth No: _____

PORCELAIN FUSED TO ZIRCONIA

Tooth No: _____

FULL ZIRCONIA

Tooth No: _____

ALL CERAMIC

- Amber Hass Press
- EMAX Press

Tooth No: _____

REMOVABLE RESTORATIONS

- UPPER
- LOWER

DENTURE

- Standard Full (3 layer teeth)
- Premium Full (5 layer teeth)
- Telescopic Crowns

PARTIALS

- Cast Metal
- Acrylic
- Thermoplastic

IMPLANTS

Brand: _____

Size: _____

RESTORATION TYPE

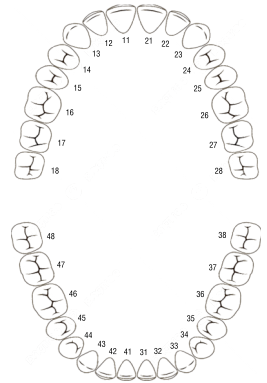
- Cement Retained
- Screw Retained

CROW MATERIAL

- Zirconia
- Zirconia / Porcelain
- EMAX / AMBER
- PFM

HYBRID OVERDENTURE

- Fixed (screw retained)
- Removable (with attachments)



MOUTH GUARD / BITE SPLINTS

- UPPER
- LOWER

- Soft
- Hard / Soft combo
- Hard Acrylic

WHITENING TRAYS

- UPPER
- LOWER

ENDOCROWNS / INLAYS

- Composite
- Amber / Emax

SPECIFIC INSTRUCTIONS

Color: _____

SIGNATURE _____ DATE _____

