NHS ☐ PRIVATE ☐

PHONE: 07946185993 EMAIL: INFO@SKDENTALLAB.CO.UK MHRA—CA015852

THIS SECTION MUST BE COMPLETED TO FULFIL YOUR ORDER

Doctor's Name: ..... Email: .....

Address: ..... Phone: .....

..... Post Code: .....

Case Number (Lab use only):	Box Number (Lab use only):	Patient Name:

Return Date: Allow 14 days from receipt

Male ☐ Female ☐ Age:

Date received by Lab

TYPE OF RESTORATION

☐ PFM ☐ Full Cast ☐ Metal Free

☐ Non-Precious
☐ Semi-Precious
☐ Precious (Yellow or White)
☐ Gold
☐ Captek

☐ Denture
☐ Zirconia
☐ Composite
☐ Emax
☐ Other

LENGTH OF CENTRALS TO SOFT TISSUE ZENITH

Left Central ..... Special Length Instructions .....

Right Central ....

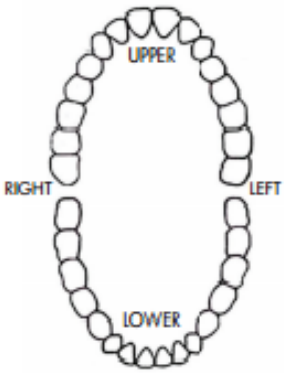
STUMP SHADE

.....

SERVICE DESIRED

☐ Single Unit Crown ☐ Splinted Crowns ☐ Bridge
☐ Maryland Bridge ☐ Veneer ☐ Inlay/Onlay
☐ Post and Core ☐ Post Crown ☐

TOOTH NUMBER



SHADE

PORCELAIN BUTT MARGIN

☐ 360° ☐ Buccal Only

PONTIC DESIGN

☐ Full Ridge
☐ Modify Ridge Lap
☐ No Contact
☐ Point Contact
☐ Point in Socket (Ovate)

☐ Show Metal Strip on Lingual
☐ No Metal Strip on Lingual

SPECIAL INSTRUCTIONS

OCCLUSAL CONTACT

☐ No Contact ☐ Light Contact ☐ Full Contact

OCCLUSAL STAINING

☐ None ☐ Light ☐ Medium ☐ Heavy

INCISAL TRANSLUCENCY

☐ Minimal ☐ Normal ☐ See Diagram

SURFACE TEXTURE

☐ None ☐ Low ☐ Medium ☐ High

SURFACE LUSTRE

☐ Low ☐ Medium ☐ High