



Dentist: _____ Practice: _____

Patient Name: _____

Age: _____ M F

CASE TYPE

DIAGNOSTIC MODEL <input type="checkbox"/>	DIAGNOSTIV WAX UP <input type="checkbox"/>	PUTTY KEY <input type="checkbox"/>
SPECIAL TRAY <input type="checkbox"/>	QTY _____	CLEAR STENT <input type="checkbox"/>
SPECIAL TRAY PERF <input type="checkbox"/>		

SPLINTS & RETAINERS

RETAINER 1mm <input type="checkbox"/>	MOUTH GUARD Single <input type="checkbox"/>	SPLINT 2mm H/S <input type="checkbox"/>
RETAINER 2mm <input type="checkbox"/>	MOUTH GUARD Dual <input type="checkbox"/>	ESSIX RETAINER 1mm <input type="checkbox"/>
RETAINER 3mm <input type="checkbox"/>	ORTHO REPOSITIONER <input type="checkbox"/>	OCCLUSAL SPLINT <input type="checkbox"/>
		BLEACHING TRAY <input type="checkbox"/>

TURN AROUND TIMES

3 Weeks for Implants
2 Weeks for Crowns, Bridges,
10 Days for splints

APPOINTMENT DATE: _____ TIME: _____

SHADE: _____ TOOTH NO: _____

PHOTOS EMAILED YES

NO

admin@ddlabs.com.au

CASE

VENEERS

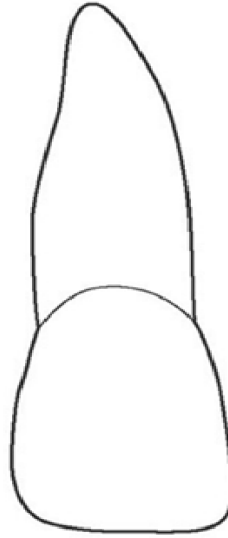
INLAY/ONLAY

CROWNS

IMPLANT CROWN

BRIDGE

MARYLAND



TECHNIQUE

MONOLITHIC

PORCELAIN LAYERED

ABUTMENT TYPE

TI ABUTMENT

ZI ABUTMENT

SCREW RETAINED

CUSTOM ABUTMENT

MATERIALS

ZIRC

EMAX

PMMA

GOLD

INSTRUCTIONS:
