

# VALUE RANGE LAB FORM

Dentist	Email
Address	Phone

## FIXED RESTORATION

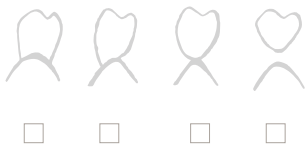
- PFM
- Full cast crown
- Post and core

- Emax  Layered
- Zirconia  Layered
- Bridge
- Veneer
- Inlay/Onlay
- Maryland bridge
- Temporary crown

## IMPLANTS

- Screw retained crown
- Cement retained crown
- Implant bridge
- Implant retained denture
- Radiographic stent
- Surgical guide
- Suspension bridge

## PONTIC DESIGN



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## OCCUSAL CONTACT



- Heavy
- Light
- Open

Date Sent / /	Patients Name			
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Age	Clinical Photo's USB <input type="checkbox"/> Dropbox <input type="checkbox"/> Email <input type="checkbox"/>	Date Due / /	Time Due : AM/PM

## ALLOY TYPE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Precious          | <input type="checkbox"/> SEMI precious           | <input type="checkbox"/> NON precious          |
| <input type="checkbox"/> Full metal margin | <input type="checkbox"/> Porcelain buccal margin | <input type="checkbox"/> 360° porcelain margin |

## PROXIMAL CONTACT

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Strong                | <input type="checkbox"/> Medium                  | <input type="checkbox"/> Easy                   |
| <input type="checkbox"/> Talon occlusal splint | <input type="checkbox"/> Generic occlusal splint | <input type="checkbox"/> Michigan splint        |
| <input type="checkbox"/> NTI splint            | <input type="checkbox"/> Gelb splint             | <input type="checkbox"/> Mount to bite provided |



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- 

## ORTHODONTICS

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Essix retainer          | <input type="checkbox"/> Hawley retainer | <input type="checkbox"/> Begg retainer |
| <input type="checkbox"/> Direct bonding retainer | <input type="checkbox"/> Other           | <input type="checkbox"/> Wax up        |
| <input type="checkbox"/> Composite stent         | <input type="checkbox"/> Putty key       | <input type="checkbox"/> Other         |

## MINIMISE CASE DELAY

- |  |   |                               |
|--|---|-------------------------------|
| <input type="checkbox"/> Adjust opposing and mark  | <input type="checkbox"/> Reduction coping | <input type="checkbox"/> Call |
| <input type="checkbox"/> Estimate margin and email | <input type="checkbox"/> Call             | <input type="checkbox"/>      |

## REMOVABLE

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Special tray   | <input type="checkbox"/> Bite block     | <input type="checkbox"/> Set up on wax |
| <input type="checkbox"/> Denture finish | <input type="checkbox"/> Chrome partial | <input type="checkbox"/> Mouthguard    |

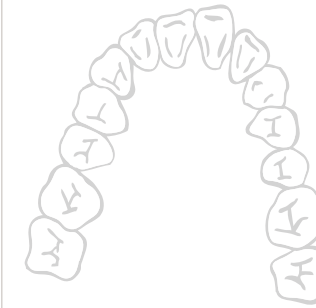
## SPLINTS

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Talon occlusal splint | <input type="checkbox"/> Generic occlusal splint | <input type="checkbox"/> Michigan splint        |
| <input type="checkbox"/> NTI splint            | <input type="checkbox"/> Gelb splint             | <input type="checkbox"/> Mount to bite provided |
| <input type="checkbox"/> Open bite             | mm   |   |

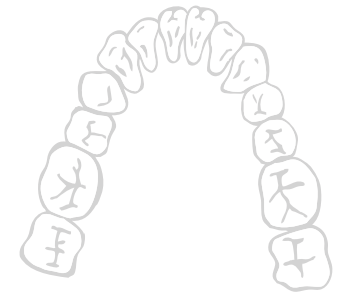
*From first molar*

## CUSTOM ORDER NOTES

Tooth



Request



Diagnostic Wax-up



## SHADE



## STUMP SHADE

- |                                |                                    |                                    |
|--------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Vital | <input type="checkbox"/> Composite | <input type="checkbox"/> Non Vital |
| <input type="checkbox"/> Metal | <input type="checkbox"/>           | <input type="checkbox"/>           |