DENTAL MILLING CENTRE

LABORATORY FORM

Ph: 07)3102-1757
0494142430
coredentalmilling.com
2B/ 8-16 Redland Bay Road, Capalaba, QLD, 4157
Send digital cases to Email: coredentalmilling@gmail.com

Practice/ Dr's Name:

Practice Address:

Practice Phone No:

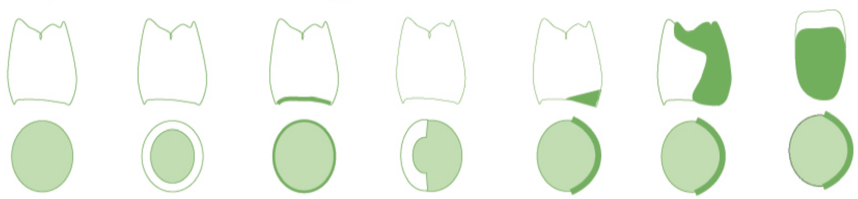
Please circle single units or bracket splinted units:

Restoration:

IPS E max ☐ Zircornia ☐ PFM ☐ Metal Crown ☐

Metal Design:

Please circle your choice of margines.



Please circle your choice of metal design.

Please select your choice of metal type.

Semi Precious(Default) ☐ Non- Precious ☐ Yellow Gold ☐

Patient Name:

Patient D.O.B: F ☐ M ☐

Date Send:

Desired Due Date:

Shade:

Stum Shade: For all involved non-metal works.

Please select any itmes enclosed:

- ☐ Impression
- ☐ Opposing Models
- ☐ Study Model
- ☐ Bite Registration
- ☐ Partial
- ☐ Attachments
- ☐ Analog/Abutment
- ☐ Implant tool
- ☐ Shade tap
- ☐ Pictures
- ☐ Old crown
- ☐ Articulator

Additional Instruction:

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Job descriptions:

Shade / Mould:

Patient Name:

Patient D.O.B: F M

Date Send:

Desired Due Date:

Arch Type: Upper Lower Both

- Implant Work
- Titanium
- Digital Surgical Guide
- Orthodontics
- Chrome
- PEEK
- Acrylic Denture
- Mouthguard
- Splint
- Flexible Dentures
- Others

Special Tray	Bite Blocks	Try In	Re-Try	Finish
Due Date	Due Date	Due Date	Due Date	Due Date

Instruction: