



dr.....
 phone
 street.....
 city/postcode.....
 email.....
 patient.....
 date due

colour

Impressions disinfected

tooth# _____

please tick type of restoration

- | | | |
|--------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> procera | <input type="checkbox"/> emax | <input type="checkbox"/> gold crown |
| <input type="checkbox"/> lava | <input type="checkbox"/> pfm/vmk | <input type="checkbox"/> implant |
| <input type="checkbox"/> other | | |

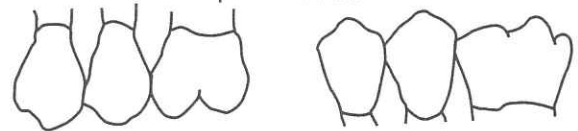
value

- high - bright or white
 medium
 low - dark or grey

occlusal staining

- none
 light
 medium
 heavy

posterior shades



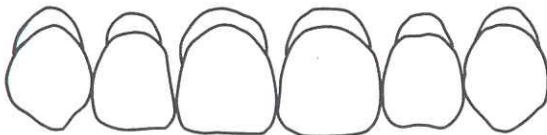
pontic design

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> ovate | <input type="checkbox"/> sanitary |
| <input type="checkbox"/> ridgelap | <input type="checkbox"/> other |

office use only

full tray	articulator	study model
quadrant	photo/slides	call dr.
triple tray	colour map	other
bite		

shade _____



"your total partner"

phone: 1800 333 142
 email: smilemelb@pearlhealthcare.com.au