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Dentist Patient Name

Rx Date Due Date Age Sex M/F

Urgent Case (Extra Charge Applicable) Metal try-in Bisque Direct finish

No.

JOINT CROWNS SEPARATE CROWNS BRIDGE

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

IF LESS CLEARANCE

Metal Island

Adjust Opposing

Transfer coping (Chargeable)

SHADE SEND US PICTURE FOR BETTER RESULT

Occlusal Stains (Orange / Brown)

Light Medium Dark

Translucency

Light Medium Dark

PONTIC DESIGN

Sanitary Modified

Full Ridge Ovate

ZIRCONIA

Economic

Economic / Layering

Classic (5 years)

Premium (10 years)

Premium Plus (15 years)

PFM RESTORATIONS

Regular

Warranty

E MAX

Layering

Staining

IMPLANTS

Cement Retained Cement Retained (with Access Hole)

Screw Retained Cement - Screw Retained

Hybrid Prosthesis Bar & Ball Combination Prosthesis

Cast Framework (co-cr)

Milled Framework (co-cr)

Milled Framework (Titanium) Ball / Locator Over denture

Surgical Guide Custom Abutment

Pilot Drill Casting

Fully Guided Milling

PRECISION ATTACHMENTS

Bilateral

Unilateral

Root Supported

Key & Keyway

OTHERS

Provisionals

Mock - Up

Night Guard

Bleaching Tray

Hard Splint

Acrylic Repair

Ceramic Repair

Full Metal Crown

Cast Partial Denture

INSTRUCTIONS :

Doctor's Signature

ENCLOSED WITH THIS SCRIPT

Impression Impression Post _____ Nos.

Opposing Implant Analog _____ Nos.

Bite Straight Abutment _____ Nos.

Pre-Operative Angled Abutment _____ Nos.

Model Castable Abutment _____ Nos.

Photos Screw _____

FOR LAB USE ONLY

Out Time :

Plaster :

.....

Metal :

.....

Equilibration by :

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