

Crown & Bridge Laboratory Sheet

CLIENT & PATIENT INFORMATION

Dentist Name: _____

Practice Name: _____

Patient Name: _____

Insertion Date: _____

Time: _____

SHADE INFORMATION

Tooth Number/s: _____

Tooth Shade: _____

ND Stump Shade: _____

- I have emailed photos including a full face shot with teeth showing to **shade@jadedental.com.au** (with Dentist & Patient name in subject).
- Patient to contact lab for shade appointment for laminated crowns.

CASE DESCRIPTION

Zirconia/All Ceramic

- Premium Restoration
(Call to enquire)
- Zirconia Monolithic
- Zirconia Layered
- IPS e.Max Monolithic
- IPS e.Max Layered
- Hybrid Cerasmart/Enamic

Other

- Gold 40% AU Non precious
- PMMA Temporary Crown
- Surgical Guide

Additional Information

- Zirconia Hotbond
- Gingiva Ceramic
- Copying pre-op model provided
- Patient wears denture surrounding crown
- Intraoral Scans

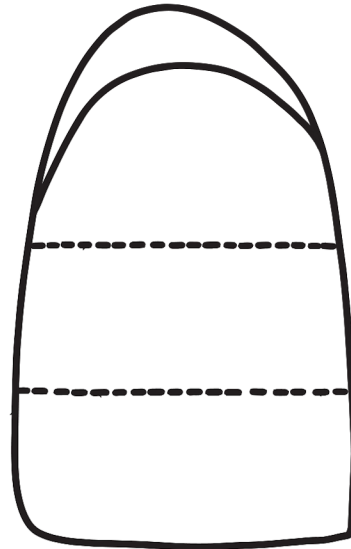
If Insufficient Room

- Adjust Opposing
- Call to Discuss

Instructions

CROWN DESIGN

Characterisations



Pontic Design



Ridge Lap



Modified Ridge Lap



Ovate

IMPLANT INFORMATION

Company: _____

System/Platform Size: _____

Final Abutment Type

- Monolithic Zirconia retained implant with Tibase
- Laminated Zirconia retained implant with Tibase
- Custom Titanium Abutment

Emergence Profile



Follow tissue



Follow tissue expand last 1mm



Total expansion

Case turnaround times are based on the date lab work is received at our lab. Please call/email the lab to book in your job and allow 8 business days, plus extra time for postage/delivery.

Diagnostic Wax Ups

CLIENT & PATIENT INFORMATION

Dentist Name: _____

Patient Name: _____

Practice Name: _____

Appointment Date: _____

Time: _____

CASE REQUIREMENTS

PATIENT IDEAL OUTCOME

Will you be prepping any teeth? If so, please tick the type of cutback and add tooth number/s.

TEETH NUMBER/S

- No prep, just addition
- Veneer Prep
- Full Contour Cutback
- Incisal Edge Cutback

Are you opening the vertical dimensions? Yes No If so, how much _____mm

If teeth are missing, are we adding pontic? Yes No If so, tooth number _____.

If Diastema is present, would you like us to: Close Gap Keep Open

Suckdown for Temporaries Yes No

Photos including a full face photo showing teeth have been emailed to shade@jadedental.com.au Yes No

Would you like the patient to come in for a "Digital Smile Design" in our lab? Yes No

Case turnaround times are based on the date lab work is received at our lab. Please phone the lab for a delivery date.

Laboratory Use Only

Situ Scan: Yes No

_____ Sent Via _____

Additional Files: Yes No

Material Used _____

Block Out Core: Yes No
