

New Case Continuation/Remake Clinician _____ Date _____
 Clinic Name _____ Patient Name _____ Due Date _____
 Clinician Address _____

RESTORATION TYPE

- Crown Bridge Inlay/Overlay Bonded Bridge/ Wing
- Veneer Diagnostic Wax-up (Advise Teeth No.)
- PMMA (Temporary Crown) Post & Core

Gold Crown

- Low-Precious*
- Precious*

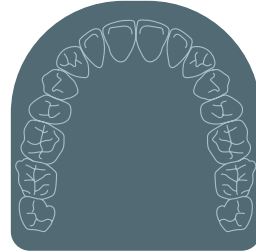
Ceramic

- e.max**
- UZir - Ultra Translucent Zirconia**
- FMZir - Fully Monolithic Zirconia
- PFZ - Porcelain-Fused-to-Zirconia**

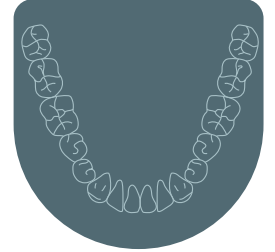
*Price subject to change

**Provide stump shade if non-vital

TOOTH CHART



Upper



Lower

Stump shade _____

Email images: info@vertexlab.com.au

MATERIAL ENCLOSED

Please tick

- Triple Tray
- Upper Impression
- Lower Impression
- Upper Model
- Lower Model
- Bite Registration (over prepared abutment)
- Previous Veneers/Crown/Bridges
- Articulator
- Denture
- Implant Component
- P/C (Post Core)
- Shade Tab
- Images to be emailed



You

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Shade:



Anterior



Posterior

EMBRASURE



Open Closed*

OCCLUSAL CONTACT



Heavy Light* Open

PROXIMAL CONTACT



Normal Extended*

PONTIC CONTACT



*Default

ADDITIONAL INSTRUCTIONS

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.