



44 North Lake Road, Alfred Cove WA 6154
 Phone. (08) 9329 9992
 Fax. (08) 9329 9294
 info@appdentallab.com.au
 www.appdentallab.com.au

Surgery: _____ Dentist: _____

Patients Name: _____ Sex: M F | D.O.B: _____

crown / bridge / implants

RESTORATION TYPE

- PFM
- FGC
- Post & Core
- Implant Screw Retained
- Implant Brand _____

Metal-Free

- Zirconia Layered
- Monolithic Zirconia
- e-max Inlay / Onlay
- e-max Crown Layered
- e-max Crown Monolithic
- e-max Veneer Layered
- e-max Veneer Monolithic
- e-LAB Aesthetic Crown (DSM Digital Shade Matching)

Occlusal Contact

- Heavy Light Open

Proximal Contact

- Normal Broad

Metal

- Non-precious
- Semi-precious

MARGIN TYPE

- 180° Porcelain Margin
- Full 360° Porcelain Margin
- Full 360° Metal Margin

IF INSUFFICIENT ROOM OR INADEQUATE PREP

- Reduce prep & mark model
- Reduce opposing & mark model
- Reduce prep, make reduction key
- Send back for re-prep



Email photos and files with Dr and Patient Name in the subject line to:
images@appdentallab.com.au

- Photos Sent

apple implant planning

- 3D Implant Guide

INSTRUCTIONS

Scanning Centre _____

INSERT DATE/TIME _____

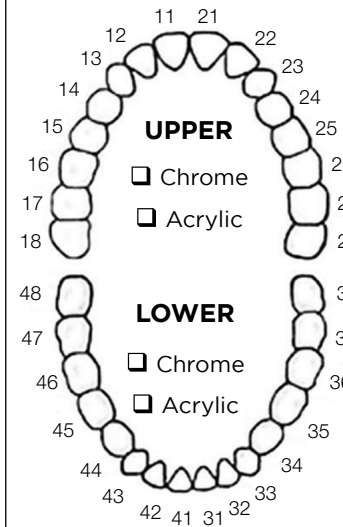
	Shade:
	Stump Shade:
	Tooth Number(s):

INSTRUCTIONS

INSERT DATE/TIME _____

Further Instructions PTO _____

dentures



Procedure	Date/Time
<input type="checkbox"/> U <input type="checkbox"/> L Study Models	
<input type="checkbox"/> U <input type="checkbox"/> L Special Tray	
<input type="checkbox"/> U <input type="checkbox"/> L Bite Block	
<input type="checkbox"/> U <input type="checkbox"/> L Try-in	
<input type="checkbox"/> U <input type="checkbox"/> L Retry	
<input type="checkbox"/> U <input type="checkbox"/> L Insert	



<input type="checkbox"/> U <input type="checkbox"/> L Valplast	
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VITA

Denture Shade: _____

Repairs/Relines and Additions:

Date/Time: _____

thermoplastic CLEARsplint™ splint

Splints: Upper Lower Date/Time: _____

Function: Ant Guidance Canine Guidance

Night Guard (Flat Plane)

Instructions:

MDSA (Anti Snore Appliance) Date/Time _____

Suspension Bridge U L Date/Time _____

Trutane Stent U L Date/Time _____

Bleaching trays U L Date/Time _____

mouthguards (Colour Chart PTO)

Colour: _____ Date/Time _____

