ATi LABORATORIES

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Insert clinician details/address

Patient _____

Age _____ Male / Female

Insert Date _____

Insert Time _____

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

Crowns

- [ ] Emax Crown
- [ ] Monolithic Zirconia
- [ ] Veneered Zirconia
- [ ] Aesthetic Zirconia
- [ ] Gold Crown
- [ ] PFM Crown
- [ ] PMMA Crown
- [ ] Gold Post and Core
- [ ] Non Precious Post and Core

Bridges

- [ ] Monolithic Zirconia
- [ ] Veneered Zirconia
- [ ] Aesthetic Zirconia
- [ ] Gold
- [ ] PFM
- [ ] PMMA

Veneers/Inlays/Onlays

- [ ] Emax Veneer Inlay/Onlay
- [ ] Lava Inlay/Onlay
- [ ] Gold Inlay/Onlay
- [ ] PMMA Veneer Makeup

If Insufficient Room

- [ ] Reduce opposing & mark
- [ ] Reduce prep & mark
- [ ] Contact Dentist

Implants

Platform _____ Size _____

- [ ] Ti base Emax
- [ ] Ti base Monolithic Zirconia
- [ ] Ti base Veneered Zirconia
- [ ] Ti base Aesthetic Zirconia
- [ ] Custom Titanium Abutment
- [ ] Custom Lava Abutment
- [ ] PFM Implant Crown/Bridge
- [ ] Surgical Guide
- [ ] Implant Denture
- [ ] PMMA Temporary Crowns

Prosthetics

- [ ] Bleach Trays (upper/lower)
- [ ] Night Guard (upper/lower)
  - [ ] Hard Soft (Printed/Bilaminate)
  - [ ] Acrylic
  - [ ] Soft
  - [ ] Mini Anterior Splint
  - [ ] Michigan Splint
- [ ] Study Models
- [ ] Articulate
- [ ] Duplicate Study Model
- [ ] Special Tray (upper/lower)
- [ ] Ortho Retainer/Essix (upper/lower)
- [ ] Suckdown Temporary Partial
- [ ] Mouth Guard
  - [ ] Pro [ ] Regular [ ] Junior

Please circle arch to be treated (e.g. upper and/or lower) as required.

Removable Prosthodontics

- [ ] Full (Upper/Lower)
- [ ] Partial Chrome (Upper/Lower)
- [ ] Partial Acrylic (Upper/Lower)
- [ ] Flexible (Upper/Lower)
- [ ] Precision Attachment
- [ ] Mock Up Jig
- [ ] Wax Up Jig
- [ ] Denture Reline

Please draw preferred design and indicate required stage of fabrication over the page.

Lab Use Only

Received from Surgery

Alloy Weight/Type: _____

- [ ] Shade
- [ ] Models/Opposing Models
- [ ] Bite Registration
- [ ] Trays
- [ ] Componentary Supplied
- [ ] Analogs or Replicas
- [ ] Impressions
- [ ] Abutments
- [ ] Prosthetic Screws
- [ ]
- [ ]

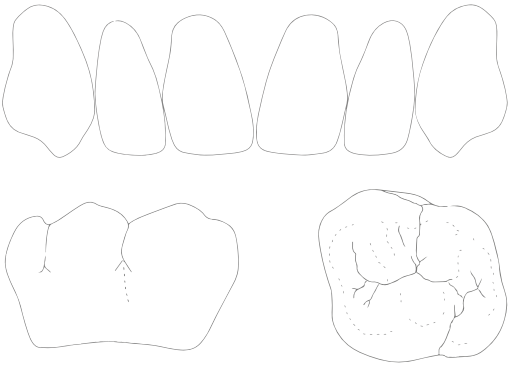
Shade

Shade as per guide _____

Cervical Shade _____

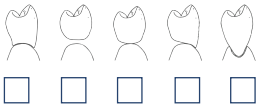
Body Shade _____

Incisal Shade _____



- ☐ Incisal Halo
- ☐ Incisal Translucency
- ☐ Fossa Stain
- ☐ White Cusp Tips
- ☐ Milky Enamel
- ☐ Decalcification
- ☐

Pontic Design



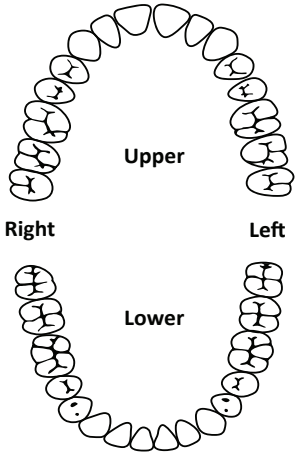
☐ ☐ ☐ ☐ ☐

Please send:

- ☐ Lab Slips
- ☐ Case Bags
- ☐ Freight Bags

Denture Instructions

- Special Trays
- Centric
- Try In
- Finish
- Material
- Ant. Teeth
- Mould
- Shade
- Clear Palate
- Clear Clasps



- ☐ Precision Attachments (Contact us for design options) Please draw design and indicate denture stage.
- ☐ Photos emailed to admin@atilaboratories.com.au
- ☐ If you wish to speak to the lab technicians about this case.

Dentist Notes

Dentist signature _____ Date / /