ITALIAN DENTAL CLINIC
A Reason to Smile

FIXED RESTORATION LABORATORY FORM

Clinic:	Dentist:
Email	Phone:
Date sent:	Address:

Patient name: | Conventional ☐ Digital ☐ | Due Date:

RESTORATION TYPE
- ☐ Crown
- ☐ Bridge
- ☐ Inlay/Onlay/Overlay
- ☐ Veneer
- ☐ Implant Screw-retained
- ☐ Implant Cement-retained
- ☐ Maryland bridge
- ☐ Diagnostic Wax-up

MATERIAL
- ☐ Monolithic Zirconia
- ☐ Layered Zirconia
- ☐ Monolithic Lithium disilicate
- ☐ Layered Lithium disilicate
- ☐ PMMA

Colour: | Case no:

Implant:

Implant abutment:

Provisional: ☐ | Remake: ☐

Scanbody reference:

TOOTH NUMBER

1.8	1.7	1.6	1.5	1.4	1.3	1.2	1.1	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8
4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.1	3.1	3.2	3.3	3.4	3.5	3.6	3.7.	3.8

Colour of stump:

Material of stump: Tooth ☐ Composite ☐ Metal ☐

Vital ☐ Non-vital ☐

Occlusal contacts: Standard ☐ Open ☐ Light ☐

Proximal contacts: Normal ☐ Broad ☐ Point ☐

Margin design:

Pontic design:

Provided: Digital photos ☐ STL scans ☐ Implant abutment ☐ Implant analog ☐ Other:

Additional details:
(Please draw and describe the desired details of the restoration using the diagrams and the text box below)
Example; incisal translucency, texture, line angles, tooth shape (veneers) etc

Please provide form via email or hand in at delivery.
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