

ORDER FORM (CROWNS/BRIDGES)

Formular FO-82 / REV.: 01 / 2017-09-25

CUSTOMER / ADDRESS / PHONE / E-MAIL / CONTACT

PATIENT-ID

DELIVERED

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Model | <input type="checkbox"/> Gingiva Mask |
| <input type="checkbox"/> Antagonist | <input type="checkbox"/> Articulator |
| <input type="checkbox"/> Bite Record | <input type="checkbox"/> Disinfected |
| <input type="checkbox"/> Wax- / Setup | |

PLEASE FILL IN!

C = CROWN P = PONTIC - = SPLINTING

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

MATERIAL	SHADE*	APPROXIMAL CONTACT**
<input type="checkbox"/> nt-iDent CoCr	SHADE VITA <input style="width: 40px; height: 15px;" type="text"/>	<input type="checkbox"/> light
<input type="checkbox"/> nt-iDent Zirconia	MONOCHROME MULTICOLOR OPAQUE	<input type="checkbox"/> strong
<input type="checkbox"/> nt-iDent Titan	<input type="checkbox"/> Light <input type="checkbox"/> ML	
<input type="checkbox"/> nt-iDent PEEK	<input type="checkbox"/> Medium <input type="checkbox"/> STML	OCCLUSAL CONTACT**
<input type="checkbox"/> nt-iDent PMMA	<input type="checkbox"/> Intense <input type="checkbox"/> UTML	<input type="checkbox"/> light
		<input type="checkbox"/> strong

DESIGN***	ALVEOLAR RIDGE	PONTIC DESIGN
<input type="checkbox"/> full anatomic	<input type="checkbox"/> etched	<input type="checkbox"/> no gingival contact
<input type="checkbox"/> veneered	<input type="checkbox"/> non etched	<input type="checkbox"/> heart shaped
<input type="checkbox"/> partly veneered		<input type="checkbox"/> saddle shaped

* color shades and minimum wall thickness specification see price list / ** anatomical design / *** combined designs please specify in the text field

TEXT / SPECIFICATIONS



- IMPORTANT:**
- sectioned model
 - bite record recommended
 - removable model from splitcast
 - scannable model material

Date / Signature