

ORDER FORM



Date Sent:     /     /     Return Date:     /     /     Standard ☐

Express ☐ (additional €7.50)

Laboratory Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Ref No: \_\_\_\_\_

Shade/Colour:

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		

C=Coping  
P = Pontic

Instructions/Comments/Design

Enclosures:

Bite ☐ Study Cast ☐ Master Cast ☐ Die ☐ Wax-up ☐ Implant ☐

OFFICE USE

Date received     /     /     AM/PM

Date despatched     /     /     AM/PM

Lava frame Shade	FS1 A1 B1	FS2 B2 C1	FS3 A2 A3	FS4 A3,5 A4	FS5 B3 B4	FS6 C2 C3 C3	FS7 D2 D3 D4
non:							

Invoice: Crowns ☐ Bridges ☐ Specials ☐

Invoice No: \_\_\_\_\_ Guarantee Card Incl. ☐

**For best results please refrain from:**

- Cutting too deep below margin
- Using die-spacer
- Using die hardener
- Using marginal liner
- Keep die surface clean (no grease)
- When possible with complex cases, send us a removable wax-up