CASE I.D.
Office use only

Dr's Name: _____

Dental Practice: _____

Address: _____

Email: _____

Phone: _____

Date Sent: _____

Date Required: _____

Patient's Name _____

ITEMS ENCLOSED

☐ Impression ☐ Model ☐ Study model ☐ Bite ☐ Photo ☐ Shade Tab ☐ Articulator ☐ Implant Hardware

☐ Prosthetic Appliance ☐ Memory Stick ☐ Other .....

FIXED RESTORATIONS

☐ Zirconia with porcelain.

☐ e.Max with porcelain

☐ e.Max Monolithic

☐ Zirconia Monolithic

☐ Implant Zirconia Crown

☐ Implant PFM Crown

☐ Porcelain Veneer

☐ PFM Crown/Bridge

☐ Gold Crown/Inlay

Instructions:

Shade: _____

PROSTHETIC APPLIANCES

☐ Co-Cr Framework ☐ Acrylic Partial ☐ Full Denture ☐ Occlusal Splint ☐ Sleep Appliance ☐ Mouthguards

☐ Tray

☐ Bite Registration

☐ Try in

☐ Re-Try

☐ Finish

Shade: _____

PLEASE TURN PAGE OVER FOR DIAGRAMS AND ADDITIONAL INSTRUCTIONS →

Newman Dental Laboratory Pty Ltd

Since 1949

ABN: 97 003 530 569

02 9894 1796

22/7 Anella Avenue Castle Hill NSW 2154 P:02 9894 1796 F:02 9894 1793

E: contact@newmandental.com.au— www.newmandental.com.au