P&A Dental Lab

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Coulsdon CR5 2LR
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Lab Use Only:

Job Number: _____

Date Received: __/__/__

Technician: _____

1

DENTIST NAME: _____ **PRACTICE NAME:** _____

PATIENT NAME/ID: _____ **POST CODE:** _____

DATE SENT: __/__/__ **RETURN DATE:** __/__/__ **(AT LEAST 1 DAY BEFORE APPOINTMENT)**

2 **SERVICE:** ☐ Standard/Premium - 10 working days ☐ Scan - 8 working days

3 **RESTORATION TYPE:**

☐ INLAY ☐ ONLAY ☐ VENEER ☐ CROWN ☐ BRIDGE

4 **MATERIAL TYPE:**

Standard only:

☐ COMPOSITE

☐ PFM Non-precious

☐ FULL Metal

☐ Non-precious - silver colour

Premium Only:

☐ COMPOSITE ☐ PFM

☐ E.MAX

☐ FULL Contour Zirconia

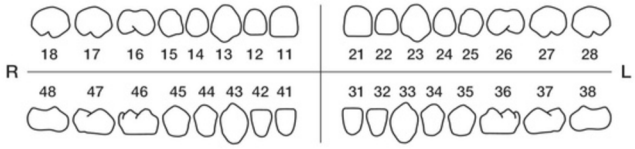
☐ ZIRCONIA with Porcelain Overlay

☐ FULL Metal

☐ Non-precious

☐ Precious (Au ☐ 60% or ☐ 40%)

5 **VITA SHADE:**



PRESSURE FORMED APPLIANCES:

Arch: ☐ *Upper* ☐ *Lower*

☐ NIGHT Guard (Soft)

☐ NIGHT Guard (Soft inside and hard outside)

☐ BLEACHING Tray ☐ FLUORIDE Tray

☐ ESSIX Retainer ☐ HARD Splint

☐ SPORTS Guard

ADDITIONAL:

☐ TEMPORARY Crown/Bridge (PMMA)

☐ DIGITAL Smile Design / Wax Up

☐ COMPOSITE Bonding Stent

☐ FIXED Wire Retainer with jig

☐ STONE Model

☐ Pink Porcelain

INSTRUCTIONS:

THIS DEVICE IS NON-STERILE