



MV DENTAL
LABORATORY

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CROWN AND BRIDGE IMPLANTS

DOCTOR: _____

PATIENT: _____

PATIENT NEXT APPOINTMENT: _____

SHADE: _____ MALE FEMALE

INSTRUCTIONS: _____

CROWN TYPE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Premium Zirconia | <input type="checkbox"/> Premium PFM | |
| <input type="checkbox"/> FZrC Full Zirconia Crown | <input type="checkbox"/> FGC Full Gold Crown | <input type="checkbox"/> Post & Core |
| <input type="checkbox"/> EMAX Crown | <input type="checkbox"/> EMAX Veneer | <input type="checkbox"/> EMAX Inlay/Onlay |

IMPLANTS ONLY:

- | | |
|---|--|
| <input type="checkbox"/> Screw Retained | <input type="checkbox"/> Cement Retained |
|---|--|

OCCLUSAL STAINING:

- | | | | |
|-------------------------------|--------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Light | <input type="checkbox"/> Medium | <input type="checkbox"/> Dark |
|-------------------------------|--------------------------------|---------------------------------|-------------------------------|