



**AUSTRALIA
DENTAL
MILLING
CENTRE**

PLEASE SEND A STUDY MODEL for all work involving anterior teeth.

DOCTOR

PATIENT

DATE PREPARED

AGE

GENDER

M	F
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DATE DUE ON

PPT DATE & TIME

RESTORATION

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> IPS E.Max (Default) | <input type="checkbox"/> PFM |
| <input type="checkbox"/> Zirconia | <input type="checkbox"/> Metal Crown |

SHADE



METAL DESIGN



STUMP SHADE

For all work involving non-metal

METAL TYPE

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Semi-precious (Default) | <input type="checkbox"/> Non-precious |
| <input type="checkbox"/> Yellow Gold | |

Please check all items enclosed:

- | | | |
|---------------------|--------------------|---------------|
| • Impression | • Partial | • Articulator |
| • Opposing model | • Attachment | • Shade tab |
| • Study model | • Analog/ Abutment | • Picture |
| • Bite registration | • Implant tool | • Old crown |

ADDITIONAL INSTRUCTION

SIGNATURE

Level 1 / 959-963 Pacific Hwy Pymble NSW 2073
02 8387 9600 / admc.order@gmail.com

www.dentalmillingcentre.com.au