Crown and Bridgework

SPARX LAB

New Case ◯ Continuation/Remake ◯ Clinician _____ Date _____

Clinic Name _____ Patient Name _____ Due Date _____

Clinician Address _____

RESTORATION TYPE

◯ Crown ◯ Bridge ◯ Inlay/Overlay ◯ Bonded Bridge/ Wing

◯ Veneer ◯ Diagonostic Wax-up (Advise Teeth No.)

◯ PMMA (Temporary Crown) ◯ Post & Core

◯ PFM

Gold Crown

◯ Low-Precious*

◯ Precious*

*Price subject to change

Ceramic

◯ e.max**

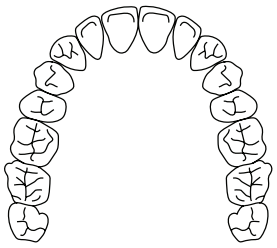
◯ UZir - Ultra Translucent Zirconia**

◯ FMZir - Fully Monolithic Zirconia

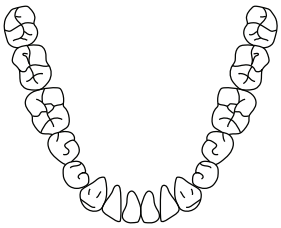
◯ PFZ - Porcelain-Fused-to-Zirconia**

**Provide stump shade if non-vital

TOOTH CHART



Upper



Lower

Stump shade _____

Email images: info@sparklab.com.au

EMBRASURE

◯ Open ◯ Closed*

OCCLUSAL CONTACT

◯ Heavy ◯ Light* ◯ Open

PROXIMAL CONTACT

◯ Normal ◯ Extended*

PONTIC CONTACT

◯* ◯ ◯ ◯

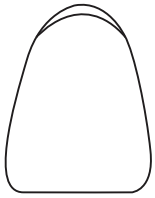
*Default

MATERIAL ENCLOSED

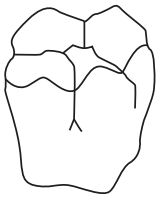
Please tick

	You	SPARX LAB
Triple Tray	◯	◯
Upper Impression	◯	◯
Lower Impression	◯	◯
Upper Model	◯	◯
Lower Model	◯	◯
Bite Registration (over prepared abutment)	◯	◯
P revious Veneers/Crown/Bridges	◯	◯
Articulator	◯	◯
Denture	◯	◯
Implant Component	◯	◯
P/C (Post Core)	◯	◯
Shade Tab	◯	◯
Images to be emailed	◯	◯

Shade:



Anterior



Posterior

ADDITIONAL INSTRUCTIONS

_____

_____

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Enquire about our express service.

SHIPPING ADDRESS Level 1, 23-27 Macquarie Street, Parramatta NSW 2150 02 7202 9555