

Dr Name: _____

Surgery Address: _____

Surgery Phone: _____

Surgery Email: _____

Scanner Brand: _____

Scan ID: _____

Patient Name/ID: _____

Dr Signature: _____

Due Date: _____

EXPRESS DELIVERY

Special Instructions:

PLEASE COMPLETE AND TICK OPTIONS BELOW

Implant Brand: _____ **Implant Diameter:** _____ **Implant Platform:** _____

RESTORATION TYPE

- Implant crown
- Implant bridge

ABUTMENT

- Zirconia
- Titanium

RETENTION

- Screw retained
- Cement retained

COMPONENTS

- Generic components
- Branded components

CROWN OPTIONS

PFM

- Non-Precious
- Semi-Precious
- High-Precious (40% Gold)
- High-Precious (74% Gold)

Margin

- 180° Porcelain Buccal Margin
- 360° Porcelain Margin

ALL CERAMIC

Lithium Disilicate

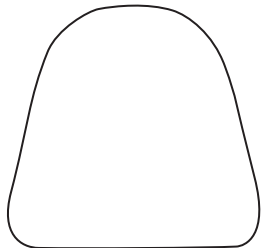
- IPS e.max (layered)
- IPS e.max Press (monolithic)
- IPS e.max CAD

Zirconia

- PFZ (layered)
- FMZ (monolithic)
- FMZ-T (translucent)

PEEK Biocompatible Hybrid

- PEEK



SHADE INSTRUCTIONS

Basic Shade: _____

Tooth Number(s): _____

EMBRASURE



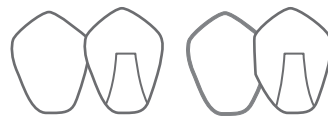
- Natural ★
- Open
- Closed

OCCLUSAL CONTACT



- Heavy
- Light ★
- Open

PROXIMAL CONTACT



- Normal
- Extended ★

PONTIC DESIGN



-
-
-
-

★ Indicates option default if none selected

Please send your order form to contact@eocalab.com.au