




Patient: _____

 ID no.: _____ age / age: _____
 female / female male / male

Preparation date: _____




9711001

NOTE > WE DELIVER ALL WORK 15 DAYS FROM PREP DATE < NOTE

Cementation date: _____ Time: _____

WORK ORDER



- High noble prostheses (min. AU 75%)**
- High noble prostheses (AU 75% PD 19%) **Art.no.**
- PFM crown HN (unit) **300**
 - Full metal crown HN **301**
 - Post and core HN **302**
 - Implant crown HN (unit) **321**
- Non precious prostheses (Gialloy CB (Cr 28% Co 61%))**
- Non precious prostheses made with Extreme-bond (PC NP SP)
- PFM crown NP (unit) **400**
 - Maryland bridge **430**
 - Post and core NP **402**
 - Imp. crown NP (unit) (ask for delivery time) **421**
 - Milled PFM **420**
- Full ceramic / Full ceramic**
- E-max crown inlay, onlay **500**
 - Zirconium CapCeram® Zirconia base with added porcelain **510**
 - Zirconium ZILUX® Full contoured paint on Zirconia **515**
- Dentures, other work / Dentures, other work**
- Partial denture CrCo, made ready **800**
 - PD Framework with biteblocks **801**
 - PD Framework with teeth in wax **802**
 - PD in VALPLAST **803**
 - Full denture **804**
 - Denture set up in wax **805**
 - Denture finish (pressing) **806**
 - Individual tray **823**
 - Biteblock **824**
 - Bitetray **820**
 - Bleaching guide **821**

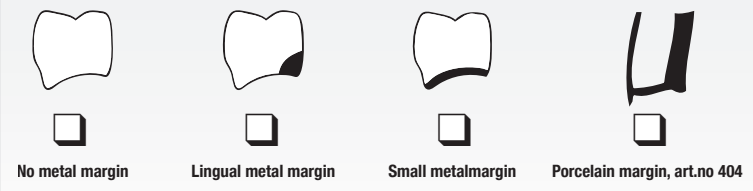
Teeth in construction • (Please mark with circle)

System FDI	Pontic	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	Supporting tooth	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
System FDI	Pontic	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
	Supporting tooth	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

FDI - World Dental Federation Chart

Upper jaw Lower jaw Crown Bridge

MARGIN METAL DESIGN



Shade

Please enter further comments on the reverse

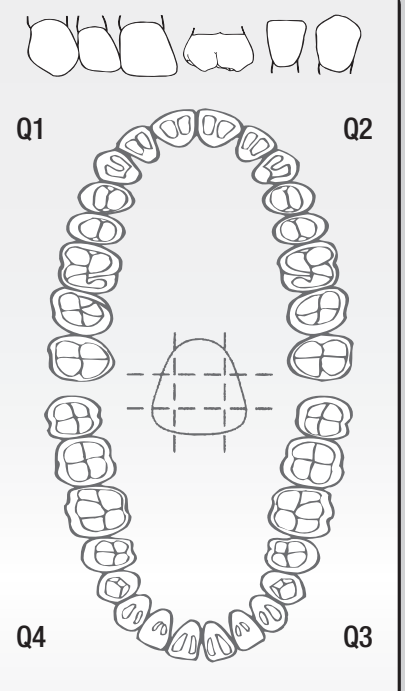
Remarks

Please enter further comments on the reverse

Orderer's signature _____

By the signing hereof you have agreed to our Terms of Sale, to be found on the reverse side of this work order.

- Special quick comments**
- Flat cusps.
 - Ideal curve.
 - Space preps 2 times all the way down to margin.
 - Sufficient interdental gaps.
 - No characteristics.
 - Try in cast.
 - Replace all teeth.
- Occlusion**
- Hard occlusion
 - Normal occlusion
 - Out of occlusion
- If no occlusal clearance**
- Contact dentist
 - Reduction coping and mark
 - Reduce on opposing and mark
- Contacts**
- Hard contact
 - Normal contact
- Impression has been disinfected
- Please supply more**
- Work orders
 - Mailing boxes
 - Mail pouches
 - Impression pouches



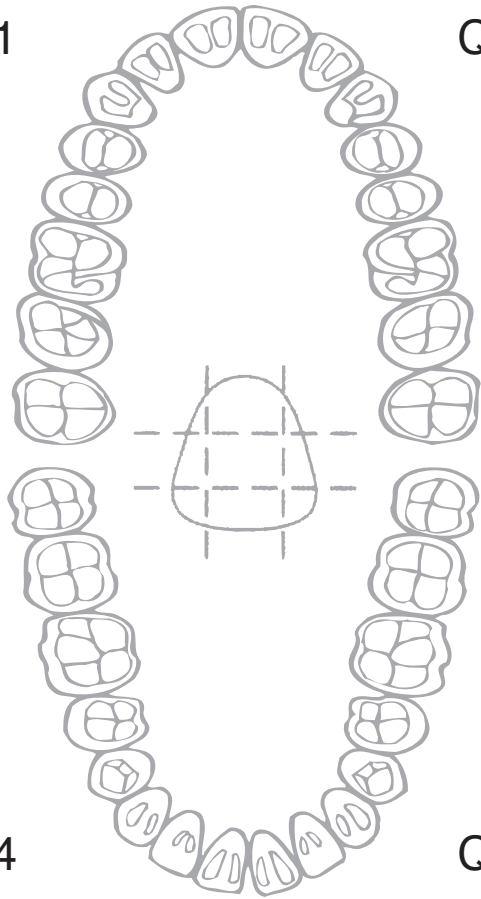
FIELD RESERVED FOR OPTICAL READING

Signature of Chief Technician _____

Restoration has been controlled and approved by authorized dental technician assigned by TeethRus.

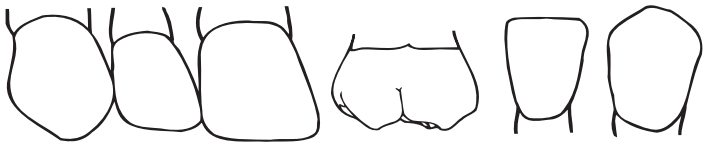
Q1

Q2



Q4

Q3



Instructions for partial denture

Comments

Risk analysis

Implant system	Tooth no.	Diameter Ø	Special info

Special note from lab to Dentist

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