

LAB SHEET



NOBLE
DENTAL CERAMICS
creating beautiful smiles

Dentist: _____

Patient: _____

Return Date: _____

Insert Date: _____

Time: _____

Please email digital images to office@nobledental.com.au

Instructions:

INVOICE No: _____

Shade: _____

Stump Shade: _____

At Lab
Surgery

ABUTMENT DETAILS

Vital
Non Vital (dentine or composite)
Non Vital (metallic / discoloured core)

OCCLUSAL CONTACT



Heavy Light Open

Alloy: Yellow Gold
Gold Bonding
Semi Precious
Non Precious

Crown Type: Zirconia
PFM
Emax
Empress Esthetic
Sinfony

Crown Design: Full Crown
3/4 Crown
Inlay/Onlay
Veneer

Implant Design: Cemented Implant
Occlusal Screw Retained
Lingual Screw Retained
Custom Abutment
Please call dentist to discuss case

Noble Dental Ceramics ABN 480 884 37423

Suite 5/ 1st Floor 681 Burke Road Camberwell VIC 2124

T 03 9882 8822 F 03 9813 0011 E office@nobledental.com.au www.nobledental.com.au

