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***CALL DENTIST**

[OFFICE USE ONLY]

DATE: _____ TIME: _____

CALLER: _____

NOTES:

LAB SHEET

Surgery: _____

Dentist: _____

Patient: _____

Return Date: _____

Insert Date: _____ Time: _____

We require 10 working days from arrival in lab & 15 days for implants

- If insufficient clearance**
- Reduction of prep
 - Metal Island
 - Reduction of Opposing
 - *Call Dentist

Instructions:

Fold

Please complete to avoid discrepancies

RESTORATION TYPE

- Crown
- Bridge
- Inlay/Onlay
- Maryland Bridge
- Post and Core
- Veneer
- Temporary Crown

ALL CERAMIC

- e.Max Monolythic
- e.Max Layered
- Zirconia Monolythic
- Zirconia Layered

PORCELAIN FUSED TO METAL

- High Precious
- Semi Precious
- Non Precious (Ni Free)

DIAGNOSTIC WAX-UP

MARGIN TYPE

- Fine Metal Margin 360°
- Buccal Porcelain Margin
- 360° Porcelain Margin

OCCLUSAL STAINING

- None
- Medium
- Light
- Dark

FULL CAST

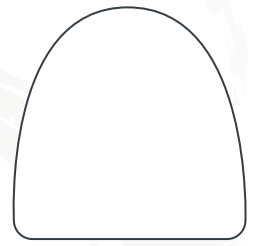
- Yellow Gold
- Non Precious (Ni Free)
- Non Precious Yellow Gold

ABUTMENT DETAILS (STUMP)

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

Stump Shade _____

SHADE



- At Lab
- Surgery

OCCLUSAL CONTACT



- Heavy
- Light
- Open

ABUTMENT TYPE

- Milled Abutment - CO/CR
- Atlantis CAD/CAM Abutment
- Cast Gold
- Titanium
- Zirconia

IMPLANT CROWN

- Cement retained
- Screw retained (occlusally)
- Cross pin (lingually)
- Titanium Base
- Biaxial Angle Correction

Implant System _____
 Platform _____
 Diameter _____

