

# LAB SHEET

All about patient:

NAME:

DUE DATE:

CONTACT:

(For shade matching)

All about you:

DENTIST:

CLINIC:

PREFERRED CONTACT:

Email

Phone

Social media

## Restoration Type:

Crown

Bridge

Veneer

Implant

Inlay/Onlay

Digital wax-up

Injectable Stent

Putty

Splint

Whitening tray

Retainer

Mouthguard

## Material:

Zirconia

Lithium Disilicate



Layered

Full contour



Etch?

Other Materials:

Precious Metal

Non-Precious Metal

PMMA

## Teeth:

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

## Shade:



## Stump:



## Implant Information:

Ti-Base

Implant Info:

Customised  
Abutment

Scan body Info:

## Additional notes:

Thank you for choosing my services!