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Clinic

Dr.....

E-mail.....

Address.....

Ph.....

Pt Name/ID..... Age..... M F Due Date/...../.....

<p>FINAL CERAMIC SHADE</p> <hr/> <p>PRESENT TOOTH OR STUMP SHADE</p> <p><small>Indicate Shade Here</small></p> <p>OCCLUSAL STAINING</p> <p><input type="checkbox"/> None <input type="checkbox"/> Light* <input type="checkbox"/> Medium <input type="checkbox"/> Dark</p> <hr/> <p>PONTIC DESIGN</p> <hr/> <p>MARGIN/METAL DESIGN</p> <p>Labial Butt <input type="checkbox"/> 360° Butt <input type="checkbox"/> Junction <input type="checkbox"/> Junction <input type="checkbox"/></p> <p><small>*Standard unless specified otherwise</small></p> <hr/> <p>ENCLOSED WITH CASE</p> <p>___ Impression ___ Models ___ Bite ___ Articulator ___ Crown/Bridge Other _____</p>	<p style="text-align: center;">Rx</p> <p>TOOTH NUMBER</p> <p style="text-align: center;">SPECIFIC INSTRUCTIONS</p> <p><input type="checkbox"/> Coping(s)/Substructure(s) <input type="checkbox"/> Finished Crown(s) <input type="checkbox"/> Build-up coping(s)/substructure(s) for porcelain support</p> <p>Signature _____ Date _____</p> <p style="text-align: center;">I verify that a signed prescription from a licensed dentist is on file for the restoration.</p> <p style="text-align: center; background-color: #000080; color: white; padding: 5px;">Indicate Shade or Implant Diameter Below</p> <div style="display: flex; justify-content: space-around; align-items: center;"> </div> <p style="text-align: center; background-color: #000080; color: white; padding: 5px;">PROVISIONALS</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Bleaching Tray</p> <p><input type="checkbox"/> Bruxism Splints</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Orthodontic Retainers</p> <p><input type="checkbox"/> Drilling Templates</p> </div> </div>				
ZIRCONIA	ALL-CERAMIC	PORCELAIN FUSED TO METAL	REMOVABLE	FULL METAL	IMPLANTS ABUTMENTS
<input type="checkbox"/> Porcelain fused to Zirconia <input type="checkbox"/> Solid Zirconia or All Zirconia	<input type="checkbox"/> IPS e-max press	<input type="checkbox"/> Porcelain Fused to Co-Cr(Be & Ni Free) Ceramic Alloy <input type="checkbox"/> Porcelain Fused to Ni-Cr Ceramic Alloy	<input type="checkbox"/> Cast <input type="checkbox"/> Flexible <input type="checkbox"/> Acrylic <input type="checkbox"/> Cast Frame & Flexible	<input type="checkbox"/> Co-Cr <input type="checkbox"/> Ni-Cr	<input type="checkbox"/> Cast Abutment <input type="checkbox"/> Implant Crown