



# ORIENT DENTAL LABORATORIES & SUPPLIERS PTE LTD

33 Ubi Avenue 3 #05-51 Vertex Building (Tower A) Singapore 408868

Phone: (65) 6748 3113 Fax: (65) 6748 1597

E-mail: orientdl@singnet.com.sg

B. Reg. No: 2615/80 GST Reg. No: 198002615E

P

SURGEON : \_\_\_\_\_ ACCOUNT NO : \_\_\_\_\_  
 PATIENT : \_\_\_\_\_ DATE SENT : \_\_\_\_\_  
 AGE : \_\_\_\_\_ SEX: M / F DATE REQUIRED : \_\_\_\_\_ AM / PM

<b>TYPE OF WORK</b> <input type="checkbox"/> PORCELAIN BONDED <input type="checkbox"/> CROWN <input type="checkbox"/> BRIDGE <input type="checkbox"/> POST-CORE AND CROWN <input type="checkbox"/> MARYLAND BRIDGE <input type="checkbox"/> OTHERS _____			<input type="checkbox"/> FULL METAL <input type="checkbox"/> CROWN <input type="checkbox"/> BRIDGE <input type="checkbox"/> POST-CORE ONLY <input type="checkbox"/> INLAY / ONLAY <input type="checkbox"/> OTHERS _____			<input type="checkbox"/> FULL PORCELAIN <input type="checkbox"/> E.MAX CROWN / BRIDGE <input type="checkbox"/> EMPRESS INLAY / ONLAY <input type="checkbox"/> EMPRESS LAMINATE <input type="checkbox"/> ZIRCONIA CROWN / BRIDGE <input type="checkbox"/> OTHERS _____			<b>TYPE OF ALLOY</b> <b>FOR PORCELAIN BONDED</b> <input type="checkbox"/> SEMI-PRECIOUS (WHITE) <input type="checkbox"/> PRECIOUS (WHITE) <input type="checkbox"/> PRECIOUS (YELLOW) <input type="checkbox"/> NON-PRECIOUS <input type="checkbox"/> OTHERS ..... <b>FOR FULL METAL</b> <input type="checkbox"/> WHITE <input type="checkbox"/> YELLOW		
--	--	--	--	--	--	--	--	--	--	--	--

SHADE : \_\_\_\_\_

POSITION : \_\_\_\_\_

STAINING CHART

**JOB REQUIREMENTS**

0 LABIAL MARGIN  FINE METAL COLLAR  PORCELAIN TIP JOINT MARGIN  PORCELAIN BUTT MARGIN  
 0 OCCLUSION  METAL  PORCELAIN

0 PONTIC DESIGN

<input type="checkbox"/> RIDGELAP 	<input type="checkbox"/> CONE 	<input type="checkbox"/> SANITARY 	<input type="checkbox"/> SADDLE 
---------------------------------------	-----------------------------------	---------------------------------------	-------------------------------------

0 PROXIMAL CONTACT (EMBRASSURES)

<input type="checkbox"/> BROAD 	<input type="checkbox"/> NORMAL 	<input type="checkbox"/> POINT 
------------------------------------	-------------------------------------	------------------------------------

0 CENTRIC CONTACT  FOIL RELIEF  POSTIVE CONTACT  
 0 LATERAL EXCURSION  CUSPID GUIDANCE  GROUP FUNCTION

**OTHER REQUIREMENTS** : .....

.....

.....

.....

IMPRESSION: P/P F/F	STUDY MODEL: P/P F/F	OPPOSING MODEL: P/P F/F	BITE:	REMARKS:
MODELLING QC	WAXING QC	METAL QC	CERAMIC QC	QC REMARKS