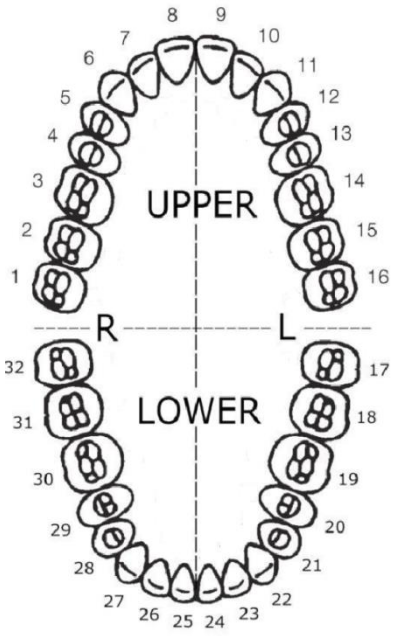
PINOTEC
DENTAL LAB

Doctor/Office Name: _____
Phone No.: _____
Address: _____

Patient Name: _____

Due Date: _____



Fixed

□ Temp □ Permanent

□ Crown □ Bridge

□ Veneer □ Inlay/Onlay
□ Implant:
- □ Screw-retained
- □ Cement-retained
- □ Screw-mentable

Material:

□ Zirconia □ PFZ
□ Emax □ Layered Emax
□ Resin/PMMA □ PFM
□ Full Metal
□ Hybrid Nanoceramic

Removable

□ Temp/Immediate
□ Permanent

□ Partial Denture
- □ Flexible
- □ Metal framework
- □ Full Acrylic

□ Complete Denture

Step:
- □ Custom Tray
- □ Wax Rim
- □ Try-in
- □ Finish

Other

□ Nightguard
- □Hard
- □Hard/Soft
- □Soft
- □Sportsguard

□ Ortho Retainers

□ Essix Retainer

□ Surgical Guide
- □ 1-3 implants
- □ Full Arch

□ Diagnostic Wax-up
- □ Temporization Stent
- □ Prep Guide

Shade

□ Photos ?

Case Instructions

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