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For Lab Use Only										
Work Date:	_	_	_	_	_	_	_	_		
Lab No.	_	_	_	_	_	_	_	_		
Bin No.	_	-	-	_	-	_	_	_		

Dr:	Call to disc	uss 🔾		Clinician Enclosures	Lab Received
Surgery:			Rubber Impressions		
Date Dispatched to Lab:			Alginate impressions		
Patient Name (Surname / Initial)			Imp Copings		000000
			Bite		
			Face Bow		
Female			Study Models		
			Special Tray U / L	\bigcirc	
Surgery Fit: DD / MM / YY + Time			Bite Block U/L	\bigcirc	
Appt 1: DD / MM / YY	Appt 2: DD / N	IM / YY	Analogues		
Appt 3: DD / MM / YY	Appt 4: DD / N	IM / YY	Lab Screw/s		
Appt 3: DD / MM / YY	Appt 4. DD / IV	1101 / 11	Torque Screw/s	\bigcirc	000
		_	Location Jig	\bigcirc	
Work Level:	12 11	21 22 23	Alloy Weight:		
Work Type:	2	2 3			
○ Bridge ○ Crown ○ Veneer	14 4	24	Shimstock Reading	gs:	
○ Implant	15 5	5 25			
Maryland Pontics Wing/s	16 6	6 26			
Full Arch (10 units+)	17 7	7 27		I	
Oenture FF / Full / Partial (Please circle)		8 28	Pontic Design:		
Chrome	18 8				
Other	48 8	8 38	Shade Detailing		
Material Type:	47 7	7 37			Prep Shade
○ Acrylic ○ Alumina	46 6	6 36			
─ Bonded (Cad-cam) ─ Bonded (Cast)	45 5	5			Final Shade
○ Chrome ○ Composite	44	4 34			
FeldspathicPress	43 2 1	1 2 3		\	
○ Titanium ○ Zirconia	42 41	31 32	<u> </u>		
○ Gold Crown ○ Other		ı		,	
○ Non-Precious				/	
Photographs: Online CD/M-Car	rd Other O				

Additional Comments / Notes:





