



46 UPPER ST. JOHN STREET, LICHFIELD.
 STAFFORDSHIRE. WS14 9DX
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CROWN & BRIDGE

DENTISTS NAME		PATIENTS NAME
DENTISTS ADDRESS		RETURN DATE
		PHONE NUMBER
JOB No.	DATE	CONTENTS

PLEASE TICK

	PRIVATE	STANDARD	TYPE OF METAL TO BE USED :-
PORCELAIN BONDED CROWN.....	<input type="checkbox"/>	<input type="checkbox"/>	
PORCELAIN BONDED BRIDGE.....	<input type="checkbox"/>	<input type="checkbox"/>	NO PRECIOUS (NICKEL FREE) <input type="checkbox"/>
MARYLAND BRIDGE.....	<input type="checkbox"/>	<input type="checkbox"/>	PRECIOUS METAL <input type="checkbox"/>
POST AND CORE.....	<input type="checkbox"/>	<input type="checkbox"/>	40% GOLD <input type="checkbox"/>
FULL METAL CROWN.....	<input type="checkbox"/>	<input type="checkbox"/>	60% GOLD <input type="checkbox"/>
METAL INLAY / ONLAY.....	<input type="checkbox"/>	<input type="checkbox"/>	

	PRIVATE	STANDARD
COMPOSITE CROWN.....	<input type="checkbox"/>	<input type="checkbox"/>
COMPOSITE VENEER ..	<input type="checkbox"/>	<input type="checkbox"/>
COMPOSITE INLAY / ONLAY..	<input type="checkbox"/>	<input type="checkbox"/>
ACRYLIC TEMPORY CROWN.....	<input type="checkbox"/>	<input type="checkbox"/>
ACRYLIC TEMPORY BRIDGE.....	<input type="checkbox"/>	<input type="checkbox"/>

TEETH TO BE RESTORED

	PRIVATE
EMAX CROWN.....	<input type="checkbox"/>
EMAX CROWN (PRESS & STAIN ONLY)	<input type="checkbox"/>
EMAX VENEER	<input type="checkbox"/>
EMAX BRIDGE.....	<input type="checkbox"/>
EMAX INLAY / ONLAY.....	<input type="checkbox"/>
EMAX INLAY / ONLAY (PRESS & STAIN ONLY)...	<input type="checkbox"/>
EMAX (PRESSED TO ZIRCONIA FRAMEWORK)...	<input type="checkbox"/>
ZIRCONIA CROWN.....	<input type="checkbox"/>
ZIRCONIA BRIDGE.....	<input type="checkbox"/>
FULL ZIRCONIA CROWN (STAIN ONLY).....	<input type="checkbox"/>

SHADE	PREP SHADE
_____	_____
CHARACTERISATION	
_____	_____

NOTES