



Natural Look
Dental Lab

46 UPPER ST. JOHN STREET, LICHFIELD.
STAFFORDSHIRE. WS14 9DX
EMAIL:- INFO@NATURALLOOK-DENTALLAB.COM
TEL:- 01543 624 277
WEB:- WWW.NATURALLOOK-DENTALLAB.COM

IMPLANTS

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

PLEASE TICK	BRAND OF IMPLANT _____
IMPLANT COMPONENTS TO BE ORDERED ON	
DENTISTS ACCOUNT	<input type="checkbox"/>
LAB ACCOUNT	<input type="checkbox"/>
DESIGN OF IMPLANT	
SCREW RETAINED	<input type="checkbox"/>
CEMENT RETAINED	<input type="checkbox"/>
ABUTMENTS / BAR	
STOCK ABUTMENT.....	<input type="checkbox"/>
CUSTOM CAST METAL ABUTMENT.....	<input type="checkbox"/>
CUSTOM PRESSED EMAX ABUTMENT.....	<input type="checkbox"/>
CUSTOM CAD/CAM TITANIUM ABUTMENT.....	<input type="checkbox"/>
CUSTOM CAD/CAM ZIRCONIA ABUTMENT.....	<input type="checkbox"/>
CUSTOM CAST BAR.....	<input type="checkbox"/>
CUSTOM CAD/CAM MILLED BAR.....	<input type="checkbox"/>
IMPLANT CROWN AND BRIDGE	
IMPLANT PORCELAIN BONDED CROWN.....	<input type="checkbox"/>
IMPLANT PORCELAIN BONDED BRIDGE.....	<input type="checkbox"/>
IMPLANT ZIRCONIA CROWN.....	<input type="checkbox"/>
IMPLANT ZIRCONIA BRIDGE.....	<input type="checkbox"/>
IMPLANT EMAX CROWN.....	<input type="checkbox"/>
IMPLANT EMAX BRIDGE.....	<input type="checkbox"/>
IMPLANT COMPOSITE CROWN	<input type="checkbox"/>
IMPLANT COMPOSITE BRIDGE.....	<input type="checkbox"/>
ACRYLIC TEETH WRAP AROUND.....	<input type="checkbox"/>
STENTS / OTHER	
SURGICAL DRILL GUIDE STENT.....	<input type="checkbox"/>
XRAY STENT.....	<input type="checkbox"/>
DURALAY TRANSFER JIG.....	<input type="checkbox"/>
SOFT TISSUE SECTION.....	<input type="checkbox"/>
TYPE OF METAL TO BE USED :-	
NO PRECIOUS (NICKEL FREE)	<input type="checkbox"/>
PRECIOUS METAL	<input type="checkbox"/>
40% GOLD	<input type="checkbox"/>
60% GOLD	<input type="checkbox"/>
NOTES	
TEETH TO BE RESTORED	
SHADE	PREP SHADE
CHARACTERISATION	