

Denture Production Request Form

Name	Doctor Name	Bar code adhesive
Date Sent	Patient Name	
Phone&Email		

Choose Project	All-Ceramic Crown & Bridge	All-Ceramic Veneer/Inlay&Onlay	Alloy Crown & Bridge
	<input type="checkbox"/> Layered <input type="checkbox"/> All-Zirconia Crown	<input type="checkbox"/> Veneer <input type="checkbox"/> Inlay/Onlay	<input type="checkbox"/> PFM <input type="checkbox"/> Full Cast
Choose Material	<input type="checkbox"/> E.max® <input type="checkbox"/> Argen <input type="checkbox"/> Upcera ST <input type="checkbox"/> Aidite Multilayer 3D pro	<input type="checkbox"/> PFM <input type="checkbox"/> IPS e.max CAD/CAM <input type="checkbox"/> Cameo CAD/CAM <input type="checkbox"/> Upcera Lithia Ceramics <input type="checkbox"/> Wax-up	<input type="checkbox"/> CAD/CAM Titanium <input type="checkbox"/> 3D Laser Sintered CoCr <input type="checkbox"/> Argelite 76SF(PFM) <input type="checkbox"/> Argenco 41(Metal)

Implant System	<input type="checkbox"/> Titanium Milling Bar Attachment <input type="checkbox"/> PEEK Hybrid Dental Implant <input type="checkbox"/> Titanium Milling Hybrid Dental Implant <input type="checkbox"/> ABS Hybrid Dental Implant Healing Cap Diameter _____ <input type="checkbox"/> Abutment Colour Masking <input type="checkbox"/> Anti-rotation ◡ <input type="checkbox"/> Non-Antirotation ○
Access Hole	<input type="checkbox"/> Without Access Hole <input type="checkbox"/> Big Hole <input type="checkbox"/> Small Hole
Abutment Margin	<input type="checkbox"/> Titanium Milling Abudment <input type="checkbox"/> Stock Abutment <input type="checkbox"/> Titanium Milling Abudment <input type="checkbox"/> Ti-Base+Zirconia <input type="checkbox"/> Cement at Chairside <input type="checkbox"/> Cement in Lab <input type="checkbox"/> Integrated Abutment Crown
Abutment Margin	<input type="checkbox"/> Equigingival Margin <input type="checkbox"/> 0.5mm Above The Gingival <input type="checkbox"/> Below The Gingival _____ mm <input type="checkbox"/> Above The Gingival _____ mm

Framework

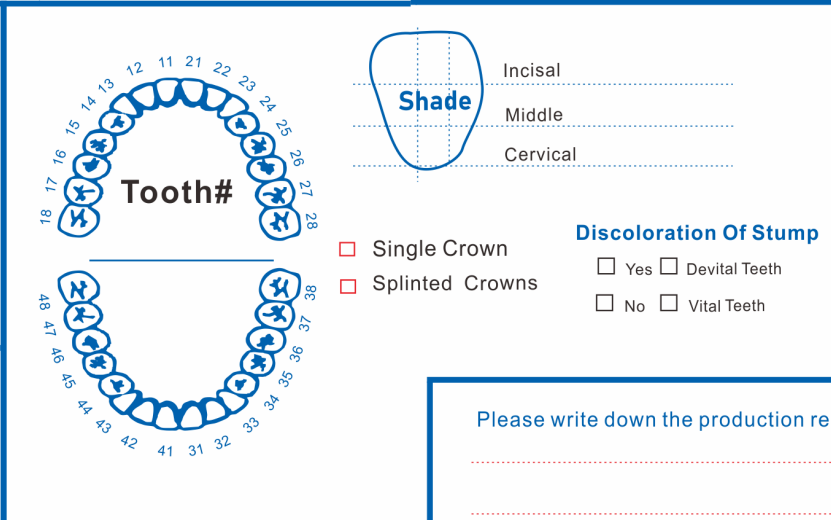
<input type="checkbox"/> 3D Laser Sintered CoCr <input type="checkbox"/> CAD/CAM Titanium Framework <input type="checkbox"/> Vitallium®2000 <input type="checkbox"/> Vitallium®2000+	<input type="checkbox"/> Key-key Way Percision Attachment <input type="checkbox"/> Bar-Clip Percision Attachment <input type="checkbox"/> Esthetic Clasp <input type="checkbox"/> Wire Clasp <input type="checkbox"/> Add Mesh
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Denture Base



Denture Base <input type="checkbox"/> Qc20 <input type="checkbox"/> Lucitone 199®	Elastic Denture <input type="checkbox"/> TCS <input type="checkbox"/> KDF	<input type="checkbox"/> Add Soft Linning Material <input type="checkbox"/> Invisible Base	Lucitone 199® <input type="checkbox"/> padding <input type="checkbox"/> add
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Artificial Resin Teeth

<input type="checkbox"/> No Artificial Teeth <input type="checkbox"/> Artificial Teeth	<input type="checkbox"/> HUGE KAIJING <input type="checkbox"/> HUGE KAIJING HARD	<input type="checkbox"/> YAMAHACHI EX <input type="checkbox"/> YAMAHACHI NEW ACE
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Inventory

<input type="checkbox"/> Bite Registration <input type="checkbox"/> Study Model <input type="checkbox"/> Antagonist Model	<input type="checkbox"/> Reference Teeth <input type="checkbox"/> Working Model
Gingival Porcelain 	Shoulder Porcelain 







Please write down the production requirements

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<input type="checkbox"/> Full Metal Margin <input type="checkbox"/> Lingual Metal Collar <input type="checkbox"/> Full Ceramic Margin	<input type="checkbox"/> Metal Occlusal <input type="checkbox"/> 3/4Metal Lingual Surface <input type="checkbox"/> Metal Island	<input type="checkbox"/> Adjust Antagnoist <input type="checkbox"/> Adjust Abutment <input type="checkbox"/> Open Bite <input type="checkbox"/> Metal Occlusion Surface	<input type="checkbox"/> Base-type Pontics <input type="checkbox"/> Ridge-Lap Pontics <input type="checkbox"/> Opened Pontics <input type="checkbox"/> Ovate Pontics	  	<input type="checkbox"/> Loose <input type="checkbox"/> Normal <input type="checkbox"/> Tight	<input type="checkbox"/> Light <input type="checkbox"/> NO Bite <input type="checkbox"/> Tight	  
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