

Practice _____ **Dentist** _____

Patient _____ **M/F**

Due Date ____/____/____ ☐ 48hours range (intraoral scan only, implant excepted)

CROWN & BRIDGE

Material Selection

- ☐ Zirconia
- ☐ E.max
- ☐ Full Metal (☐ Co-Cr ☐ Titanium ☐ Gold)
- ☐ PMMA (temporary)

Implant

- ☐ Custom Abutment ☐ Ti-base
- ☐ Genuine Parts Preferred
- ☐ Non-Genuine Parts Preferred

Digital Smile Design

- ☐ Digital Smile Design

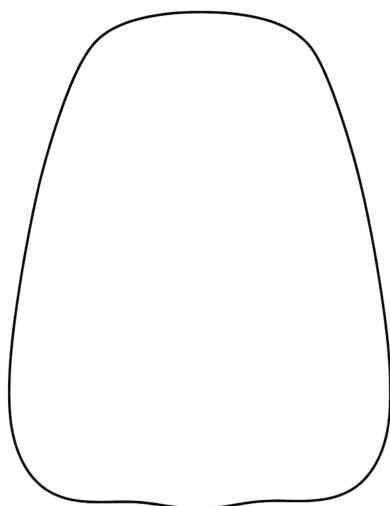
All on X

- ☐ On a Titanium bar ☐ On Ti-bases

SPLINT

- ☐
- Hard Splint
- ☐
- Hard/Soft Layered Splint

TOOTH SHADE



INSTRUCTION

POSTAL ADDRESS : Mowbray Dental
3 Walkers Drive, Lane Cove North, NSW 2066



Sydney Area online pickup booking

mowbraydental.com.au/pickup

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