



AB ESTHETIC DENTAL LABORATORY

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0756325610

Date: _____

Practice: _____

Dentist: _____

Patient Name: _____

Age: _____

M F

RETURN DATE: _____

APPOINTMENT DATE: _____

TIME: _____

TURN AROUND TIMES

3 Weeks for Implants
2 Weeks for everything else

SHADE: _____ TOOTH NO: _____

PHOTOS EMAILED YES NO

abestheticdental@gmail.com

CASE

Digital Scan submitted

Impression enclosed

VENEERS

INLAY/ONLAY

CROWNS

IMPLANT CROWNS

BRIDGE

MARYLAND BRIDGE

TECHNIQUE

MONOLITHIC

PORCELLAIN LAYERED

IMPLANT CROWN TYPE

TI ABUTMENT

ZI ABUTMENT

SCREW RETAINED

CUSTOM ABUTMENT

MATERIALS

ZIRCONIA EMAX PMMA GOLD

INSTRUCTIONS

