

# PRIMELAB

## DIGITAL DENTAL DESIGN

**PRIMELAB Ltd**

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Clinic info: \_\_\_\_\_  
 Dentist name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Date in \_\_\_\_\_  
 Date out \_\_\_\_\_

Patient info:  
 Name: \_\_\_\_\_  
 Gender: M  F   
 Age: \_\_\_\_\_

Enclosed  
 Impression \_\_\_ U  L   
 Bite block \_\_\_ U  L   
 Shade \_\_\_\_\_   
 Scan \_\_\_\_\_   
 Photos \_\_\_\_\_

Implant System \_\_\_\_\_ Implant components \_\_\_\_\_

Case type  
 Digital smile design   
 Crown \_\_\_\_\_   
 Bridge \_\_\_\_\_   
 Veneer \_\_\_\_\_   
 Implant \_\_\_\_\_   
 Inlay / Onlay \_\_\_\_\_   
 Denture \_\_\_\_\_   
 Splint \_\_\_\_\_   
 Post & Core \_\_\_\_\_   
 Model \_\_\_\_\_

Material  
 Zirconia \_\_\_\_\_   
 Emax / Celtra \_\_\_\_\_   
 Acrylic \_\_\_\_\_   
 Chrome frame \_\_\_\_\_   
 PMMA \_\_\_\_\_   
 Composite \_\_\_\_\_   
 COCR \_\_\_\_\_

Design Type  
 Monolithic \_\_\_\_\_   
 Cutback \_\_\_\_\_   
 Full layered \_\_\_\_\_   
 Screw retained \_\_\_\_\_   
 Cement retained \_\_\_\_\_   
 Complete denture \_\_\_\_\_   
 Partial denture \_\_\_\_\_

Instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notation:      18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28  
 \_\_\_\_\_  
 48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38

Shade: \_\_\_\_\_ Stump shade: \_\_\_\_\_

If a specific design is required, please illustrate above or on preliminary model.  
 In the absence of instructions we assume that you require us to use the most appropriate design and that this will be acceptable.

**Denture turnaround** Please ensure delivery date at least one day before patient appointment

Sp. tray <input type="checkbox"/>	Bite block <input type="checkbox"/>	Try in <input type="checkbox"/>	Retry <input type="checkbox"/>	Finish <input type="checkbox"/>
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

Whitening trays	U <input type="checkbox"/> L <input type="checkbox"/>	Repair	U <input type="checkbox"/> L <input type="checkbox"/>
Essix	U <input type="checkbox"/> L <input type="checkbox"/>	Additions	U <input type="checkbox"/> L <input type="checkbox"/>
Tooth in Essix	U <input type="checkbox"/> L <input type="checkbox"/>	Reline	U <input type="checkbox"/> L <input type="checkbox"/>
Night guard	soft <input type="checkbox"/> hard <input type="checkbox"/> s/h <input type="checkbox"/> Acrylic <input type="checkbox"/>		
Sport guard	coloured <input type="checkbox"/> multicoloured <input type="checkbox"/>		

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_