

PRIMELAB

DIGITAL DENTAL DESIGN

PRIMELAB Ltd

19 Dublin St, Graigue, Carlow, R93 X3V2
 mob: +353 87 447 3230 phone: +353 599 116 066
 Email: info@primelab.ie Website: www.primelab.ie



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 _____

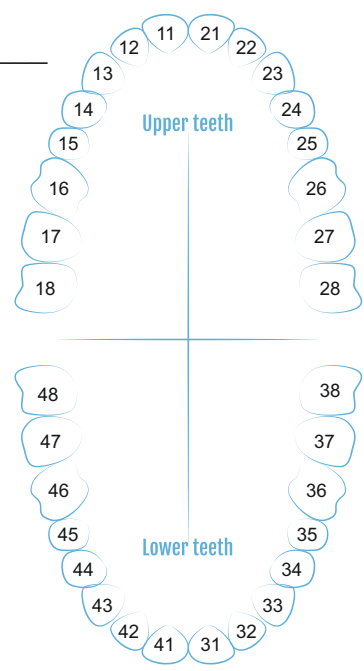
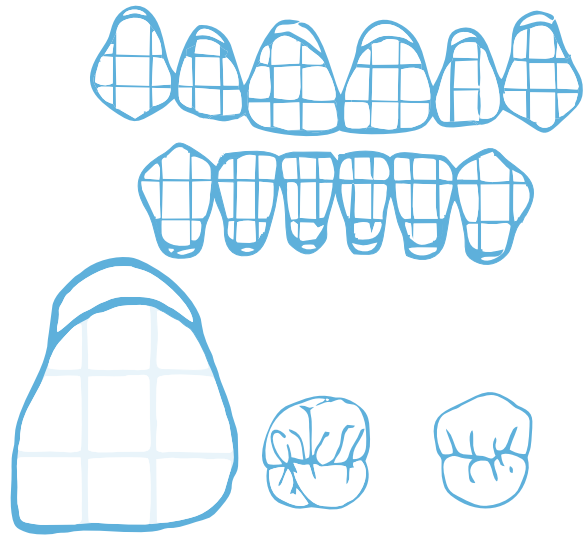
Design Type

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: _____