

SURNAME

Dentist

BIOART DENTAL AUSTRALIA P/L ACN 078 740 315 **ABN** 99 627 813 153

Case Description/Shade

Unit 1, 828 High St, Kew East VIC 3102

Telephone 03 9859 7300 Facsimile 03 9859 7299 Email smile@bioartdental.com.au www.bioartdental.com.au

GIVEN NAMES

Surgery				
Client	SURNAME	GIVEN NAMES		
Age M	ale / Female	Date		
Date Required	Time	Required		
Try In Finis	h 🗌			
Restoration Type				
Porcelain Fused to Metal /Non Precious		PMMA Crown		
Porcelain Fused to Metal /Precious		Full Metal Crown/Precious Gold (valley, gold)		
Zirconia Lithium Disilicate		(yellow gold) Full Metal Crown/N	Full Metal Crown/Non Precious	
(for example, E Max, Cam	neo, Lisi)	(silver coloured)	off fectous _	
Occlusal Stain		If no occlusal clear	rance	
None		Adjust opposing		
Light		Metal Occlusal		
Medium		Transfer coping		
Dark		Call Dentist		
Check List				
Alginate Impression	U 🗌 L 🔲	Study Model	U 🗌 L 🗌	
Articulator		Working Dies	1 🗌 2 🗌	
Base Plates	1 🗌 2 🔲	Working Model	U 🗌 L 🗌	
Diagnostic Wax-up	U 🗌 L 🔲	Crowns		
Registration		Shade	Y 🔲 N 🗌	
		Others		



All Restorations Made in Australia

(silver coloured)