

**Qualit-Art Dental Laboratory**

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Job Number:

**Surgeon:**

Practice address:

Telephone:

Patient Name:

Patient Age:

Imp. Date:

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Date Required:

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**All ceramics**

e-max Press/Stain

e-max Press/Layered

e-max Zirconia

Zirconia Full contour Crown

Feldspatic Veneer

**Bonded Porcelain Crown**

**Gold Crowns/ Inlays/Onlays**


Shade / Stain Effects:



**Enclosed with case:**

Impressions X :

\_\_\_\_\_

Opposing models X :

\_\_\_\_\_

Bite X:

\_\_\_\_\_

Photo X:

\_\_\_\_\_

**Crown Shades:**

**Incisal:**

**Stump Shades:**

**Body:**

**Cervical:**


**Special Instructions:**

Client Signature: