

CODE#

LAB. REF.



# TOPDENT International Dental Laboratory

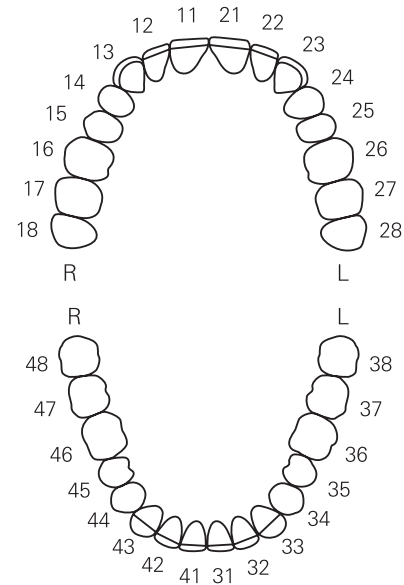
Flat 1, 2/F, Hin Fai Building, 129-135 Castle Peak Road, Shamshuipo, Kowloon, Hong Kong. Tel: (852) 2386 0718 Fax: (852) 2778 8205 Email: topdentdental@hotmail.com Website: www.topdentdental.com



Doctor			
Clinic			
Patient	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age	
Date Prepared	Appointment	Date	Time
Date Due On			

Material Type	
<input type="checkbox"/> Alumina	<input type="checkbox"/> Telio
<input type="checkbox"/> Titanium	<input type="checkbox"/> emax
<input type="checkbox"/> Zirconia	<input type="checkbox"/> Cobalt Chromium (CoCr)

Product Description	
<input type="checkbox"/> Crown	<input type="checkbox"/> PIB
<input type="checkbox"/> Full Cast Crown	<input type="checkbox"/> Screw Retained
<input type="checkbox"/> Coping / Core	<input type="checkbox"/> Cement Retained
<input type="checkbox"/> Bridge	<input type="checkbox"/> Overdenture Bar
<input type="checkbox"/> Full Cast Bridge	<input type="checkbox"/> Locator Abutment
<input type="checkbox"/> Coping / Core	<input type="checkbox"/> Ball Abutment
<input type="checkbox"/> Abutment	<input type="checkbox"/> Cast Scan for NobelClinician
<input type="checkbox"/> Screw Retained	<input type="checkbox"/> ASC Abutment
<input type="checkbox"/> Cement Retained	<input type="checkbox"/> FCZ Abutment



Contacts	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy-Scrape	<input type="checkbox"/> Opposing
Occlusion	<input type="checkbox"/> Out	<input type="checkbox"/> Slightly Out	<input type="checkbox"/> Touching	
Occlusal	<input type="checkbox"/> Metal Occlusal	<input type="checkbox"/> Reduction Coping	<input type="checkbox"/> Adjust Opposing	
Occlusal Staining	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Dark

Orthodontic Appliance
<input type="checkbox"/> Bleaching Tray
<input type="checkbox"/> Acrylic Bite Splint
<input type="checkbox"/> Ortho.Retainer (Hawley*)
<input type="checkbox"/> Soft Night Guard (3mm*)
<input type="checkbox"/> Sport Guard (Standard)

Denture
<input type="checkbox"/> Frame only <input type="checkbox"/> Teeth Set-up <input type="checkbox"/> Finish
<input type="checkbox"/> U/L Acrylic Denture
<input type="checkbox"/> U/L COCR Denture
<input type="checkbox"/> U/L Titanium Denture
<input type="checkbox"/> Valpast/FRS Denture
<input type="checkbox"/> U/L Wax Rim/Tray

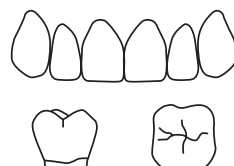
Others
<input type="checkbox"/> Repair / Rebase / Reline
<input type="checkbox"/> Soft Lining
<input type="checkbox"/> Add Clasp / Tooth
<input type="checkbox"/> Anterior Gum Fitting
<input type="checkbox"/> Dental-D Clasp
<input type="checkbox"/> Clear Permanent Base
<input type="checkbox"/> High Impact Acrylic

Metal Design							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pontic Design				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check
<input type="checkbox"/> Impression <input type="checkbox"/> Bite Registration <input type="checkbox"/> Old Crown
<input type="checkbox"/> Shade Tab <input type="checkbox"/> Picture <input type="checkbox"/> Study Mode <input type="checkbox"/> Articulator

Shade
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Comments