Orthotech
Digital Dental Solutions
(PG0347270-H)

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Laboratory Order Form

Dentist

Doctor Name: _____
Clinic Name: _____
Tel: _____ E-mail: _____
Address:

Patient

Patient Name: _____
Tel: _____
Age: _____ ☐ Male ☐ Female
Date Sent: _____
Date Required: _____ Time: _____

Diagnostic

☐ Digital Smile Design
☐ 3D Diagnostic Model
  ☐ Upper ☐ Full Arch
  ☐ Lower ☐ Partial Arch
☐ Wax
☐ PMMA

Restoration

☐ Crown
☐ Bridge
  ☐ Cantilever
  ☐ Maryland
☐ Gum Flange
☐ Veneer
☐ Inlay
☐ Onlay
☐ **Post & Core**
  ☐ Post (Only)
  ☐ Post & Crown

Full Ceramic

☐ **Full Anatomical Zirconia**
  ☐ CrystalLine
  Highly Aesthetic (max. 3-4 unit bridge)
  ☐ Monochromatic
  Pre-Shaded
  ☐ Adamant
  High Strength
☐ **Porcelain Fused to Zirconia**
  ☐ Coping
  ■ Cutback

Alloy

■ **Non-Precious**
☐ **Precious**
☐ FMC (Full Metal Crown)
☐ PFM (Porcelain Fused to Metal)
☐ PFM/SP (PFM with Shoulder Porcelain)

Implants

☐ **Implant Brand** _____
  ■ Screw Retained ☐ Cement Retained
  ☐ Custom Abutment ☐ Others _____
☐ **Radiographic Stent** ☐ Upper ☐ Lower
☐ **Surgical Stent** ☐ Upper ☐ Lower

Removables

☐ **Retainer**	■ 1mm ☐ 2mm	☐ Upper	☑ Lower
☐ **Night Guard**	■ 2mm ☐ 3mm	☐ Upper	☐ Lower
☐ **Equilibrated Night Guard**		☐ Upper	☐ Lower
☐ **Sports Guard**		☐ Upper	
☐ **Space Maintainer**		☐ Upper	☐ Lower
☐ **Sleep Apnea Oral Appliance**		☐ Upper & Lower	

Enclosed

* Boxes shaded green indicate default selection unless dentist preference is specified.

** Case turnaround times are based on the date the case is received in our lab. If doctor consultation and approval is needed, cases may have longer turnaround times. Please refer to front insert for our recommended turnaround times.

Impression Tray
☐ Upper ☐ Lower
Working Model
☐ Upper ☐ Lower
Study Model
☐ Upper ☐ Lower
Bite Registration
☐ Wax ☐ Silicone
NOTE: Bite registration is REQUIRED

☐ 3D Scan
☐ Photos
☐ X-Ray
Email photos to :
admin@orthotech.asia
Or Whatsapp to :
+6012 716 1269
(Include Doctor and Patient name)

☐ Others _____

Design Details

Coping
- ☐ Full Porcelain Margin
- ■ Regular Coping
- ☐ Full 360° Margin
- ☐ Half Occlusal
- ☐ Full Occlusal
- ☐ Full Occlusal w/ Buccal Margin

Pontic
- ☐ Hygenic
- ☐ Conical
- ■ Ridge Lap
- ☐ Modified Ridge Lap
- ☐ Ovate

Proximal Contact
- ■ Natural
- ☐ Broad

Occlusal Contact
- ☐ Heavy
- ■ Light
- ☐ Open

Embrasure
- ■ Natural
- ☐ Closed

Margin
- ☐ Normal
- ☐ Supra
- ☐ Sub

Malocclusion
- ☐ Class I
- ☐ Class II
  - ☐ Div 1 ☐ Div 2
- ☐ Class III

Design Notes (Refer to Design Guide)

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

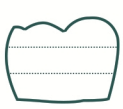
Required Shade: _____

Stump Shade: _____

Gum Shade: _____

Anterior

Posterior



Occlusal Staining
■ None ☐ Light
☐ Medium ☐ Dark

IF INSUFFICIENT REDUCTION
- ☐ Reduce prep & mark model
- ☐ Reduce opposing & mark model
- ☐ Reduce prep, make reduction key
- ☐ Send back for re-prep

• MODELESS DIGITAL CASES
ONLY Single Unit Full Anatomical Zirconia Crowns can be fabricated without a 3D Printed Working Model.
• REGULAR DIGITAL CASES
Fabricating any other type of restoration, especially with multiple units, will/may require a 3D Printed Working Model, which will incur extra charges.

_____
Doctor Approval Signature (REQUIRED)