

Laboratory Order Form

Important!
Fill in Doctor name and Clinic details here.
This is for our shipping reference.

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

Important!
Fill in Patient name and details here.
Include D.O.B - Provides indication
of the age of the patients' teeth
Include Sex here - Provides indication
of tooth shape, shade and texture
Please specify a date if required faster
than standard turnaround times.

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

Indicate Diagnostic type here
if required

Diagnostic

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

Indicate Restoration type here

Restoration

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

Indicate type of Full Ceramic
Restorations here

Full Ceramic

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

Indicate type of Alloy-Based
Restorations here

Alloy

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

Indicate Implant type here

Implants

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

Indicate Removable type here

Removables

Retainer
 1mm 2mm Upper Lower
 Night Guard
 2mm 3mm Upper Lower
 Sleep Apnea Appliance Upper & Lower
 Sports Guard Upper Lower
 Space Maintainer 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 Others _____

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

Important!
* Boxes shaded green are the default selection unless stated otherwise.
** Please refer to our turnaround time schedule for more information.

A properly completed lab order form and photographs deliver the best results in terms of meeting tooth design, shape, shade and texture requirements.

Important!
Indicate Items sent to our lab here - This ensures the correct items are returned back to your clinic.

Design Details

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

Pontic
 Hygienic 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

Indicate Design Details here - This ensures results are customised specifically to the patients' needs.

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

Doctor Approval Signature (REQUIRED)

Indicate tooth number (s) here

Fill in Design Notes here - This area is for any extra instructions

Indicate custom shade requirements here
Indicate stump shade here - helpful if stump is very discoloured
Indicate gum shade here if required

Indicate occlusal staining here if required

Important!
If not indicated we must contact doctor for confirmation which can delay production
Doctor must sign the Lab Form to validate instructions.