

# Osstem Digital Centre Order Form

Dentist Name \_\_\_\_\_

Patient Name \_\_\_\_\_

Practice Name \_\_\_\_\_






Order Date \_\_\_\_\_

TOOTH NUMBER								DUE DATE							
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

<p><b>RESTORATION TYPE</b></p> <p><input type="checkbox"/> Crown   <input type="checkbox"/> Bridge</p> <p><input type="checkbox"/> Implant Screw Retained</p> <p><input type="checkbox"/> Implant Cement Retained</p> <p><input type="checkbox"/> Temporary Crown PMMA</p>	<p><b>SHADE INFORMATION</b></p> <p>Tooth Shade _____</p> <p>Stump Shade _____</p> <p>Shade Guide Used _____</p>	<p><b>EMBRASURE DESIGN</b></p> <p><input type="checkbox"/> Open   <input type="checkbox"/> Closed</p>
	<p><b>OCCLUSAL CONTACT</b></p> <p><input type="checkbox"/> Heavy   <input type="checkbox"/> Open   <input type="checkbox"/> Light</p>	<p><b>INTERPROXIMAL CONTACT</b></p> <p><input type="checkbox"/> Normal   <input type="checkbox"/> Extended</p>

**MATERIAL ENCLOSED**

Upper Impression    Lower Impression    Upper Model    Lower Model    ETC

<p><b>PONTIC DESIGN</b></p> <p><input type="checkbox"/> Rigid Lap </p> <p><input type="checkbox"/> Modified </p> <p><input type="checkbox"/> Conical </p> <p><input type="checkbox"/> Hygienic </p> <p><input type="checkbox"/> Ovate </p>	<p><b>MATERIAL TYPE</b></p> <p><input type="checkbox"/> Zirconia   <input type="checkbox"/> PMMA</p>
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**INSTRUCTIONS & NOTES**

Photos to be emailed

## GET IN TOUCH