

JDJ Dental Group Pty Ltd trading as Otella Dental

2 Paddison Avenue, Gymea NSW 2227 Email: <u>lab@otelladental.com.au</u> Mob: 0493 458 873 | 0411 878 263 | 0401 632 070 ABN 39 153 621 295

LABORATORY WORK ORDER—PORCELAIN														
DATE SENT							DATE REQUIRED							
CLINIC NAME														
CLINIC ADDRESS														
DOCTOR'S NAME	OCTOR'S NAME								PATIENT'S NAME					
DOCTOR'S PHONE	OR'S PHONE							PATIENT'S D	ОВ					
ORDER INSTRUCTIONS														
Tooth Number(s)														
Shade / Special Instructions:														
Restoration Type:			Crov		В		ridge	In		plant So	crew Retained			
			Veneer				Splint			Implant Cement Retained				
Crown Type:			Zirconia (Layered					Zirconia (Mor	nolithio	:)		IPS e.max CAD (milled)		
Abutment Details:		•	Vital	Non Vital (Dentin				ne or Composi	or Composite)			Non Vital (Metallic Post and Core)		
Supra Margins:				Same Line of Margin						Same Line of Gum				
If Insufficient Reduction:				Reduce prep and mark r				model		Rec	duce op	posing and mark model		
			Reduce prep, make redu					duction key		Send back for re-prep				
Embrassure	Extent Proximal Contact				Occlusal Contact				Pontic Design					
$\bigcirc \bigcirc $							KKK				AZZO			
Open OC	\langle	Exter	nded Normal Heavy Light						Oc	ben	$\bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$			
				۵	DELIVE	RY I	NS	TRUCTIO	NS					
Email patient's photos to: <u>lab@otelladental.com.au</u> and write Doctor's Name and Patient's Name in subject line.														
		We th	nank yo	u for do	oing busi	ness v	with	n us and for yo	ur con	tinue	d suppo	ort.		