Order form cemented solutions

1. Account information Dental Lab (please print)

* Lab name: _____

allshape account no.: _____

* Contact: _____

* Phone: _____

Fax: _____

* e-mail: _____

* Patient ID: _____

2. Description

Tooth no.	17	16	15	14	13	12	11	21	22	23	24	25	26	27
Kind														

Tooth no.	47	46	45	44	43	42	41	31	32	33	34	35	36	37
Kind														

Abbreviations:

Coping	**Co**	**PonticPt**	
Crown	**Cr**	**Bridge (example)**	**Co-Pt-Pt-Co**

3. Material / Finish

☐ Titanium

☐ Chrom Cobalt

☐ Pekkton® ivory

☐ ZrO_2 color _____

☐ IPS e.max® CAD color _____

☐ PMMA color _____

4. Further instructions

_____

_____

_____

_____

5. Certification

Hereby, I certify that the plaster casts have been verified for accuracy and that the stated information is correct. All items that have been in contact with the oral environment have been disinfected. This form authorizes allshape Ltd. to produce the ordered product, using and consistent with the information provided on this work order.

Date_____ Signature technician _____