

		luge Restorations	Day Month
Behind every	smile.		Day Month
Account Number		Dentist (
Address			
Phone Number		Email	
Patient Name		Patient Age	Male Female
f patient name is listed here, please e		nsent.	
Turnaround Time	Restoration Type		
Andent 48hr Range (48)	○ Crown/bridge	○ Veneer/s	○ Inlay/Onlay
Standard	☐ Implant* Implant Direct fixture: ☐ Y/ (○ Post/Core (with crov	wn) O Post (only)
Material Selection			
All Ceramic	Metal Restorations	Tooth Shad	e / \
100% Monolithic Zirconia (48)	○ PFM ○ Non-precious	O Precious	
UTZirc 100% (48)	○ Gold ○ Non-precious	O Precious	
Caminated Zirconia	○ Silver ○ Non-precious		
) IPS e.max (48)	O Titanium (48)		
VITA - SUPRINITY (48)	Other Restorations	Abutment S	Shade:
VITA - ENAMIC (48)	○ Temporary Crown (PMMA	4)	
Additional Information	(PROMO CODE:	
Select teeth numbers:			
18 17 16 15 14 13 12 11 21 2	22 23 24 25 26 27 28		
48 47 46 45 44 43 42 41 31 3	32 33 34 35 36 37 38		
Implant Components	Materials Enclosed		Fast Track
Please tick	Please tick		Insufficient Occlusal Clearance

Andent Ø ○ Analog Abutment O Implant Screw Ŏ O Transfer Screw / Coping Genuine parts preferred Non genuine parts preferred \bigcirc Implant type/size:

Andent O Triple Tray O Upper Impression O Lower Impression \bigcirc \bigcirc O Upper Model O Lower Model

Articulator O Denture \bigcirc O P/C (Post Core) \bigcirc O Tooth Shade Tab O Voucher Attached #

O Photos to be emailed to photos@andent.com

- O Adjust the opposing and mark on model
- O Make a reduction coping to show where to adjust the preparation

Margins not clear/distortion on impression

O Do best & estimate and attach a note

Suspected incorrect occlusion

O Do best and estimate

* Genuine components will be used unless specified otherwise

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Postal Address P.O. Box 18109 Collins Street East Melbourne VIC 8003 Australia **Courier Address** 13 Harper Street Abbotsford VIC 3067 Australia

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O Bite Registration

O Previous C&B to return

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