

Account Number Dentist

Address

Phone Number Email

Patient Name Patient Age Male Female

If patient name is listed here, please ensure you have written patient consent.

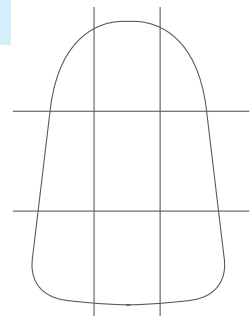
Turnaround Time Restoration Type

- | | | | |
|--|--|--|-----------------------------------|
| <input type="radio"/> Andent 48hr Range (48) | <input type="radio"/> Crown/bridge | <input type="radio"/> Veneer/s | <input type="radio"/> Inlay/Onlay |
| <input type="radio"/> Standard | <input type="radio"/> Implant*
<small>Implant Direct fixture: <input type="checkbox"/> Y / <input type="checkbox"/> N</small> | <input type="radio"/> Post/Core (with crown) | <input type="radio"/> Post (only) |

Material Selection

- | | |
|--|---|
| All Ceramic | Metal Restorations |
| <input type="radio"/> 100% Monolithic Zirconia (48)
<input type="radio"/> UTZirc 100% (48)
<input type="radio"/> Laminated Zirconia
<input type="radio"/> IPS e.max (48)
<input type="radio"/> VITA - SUPRINITY (48)
<input type="radio"/> VITA - ENAMIC (48) | <input type="radio"/> PFM <input type="radio"/> Non-precious <input type="radio"/> Precious
<input type="radio"/> Gold <input type="radio"/> Non-precious <input type="radio"/> Precious
<input type="radio"/> Silver <input type="radio"/> Non-precious
<input type="radio"/> Titanium (48) |
| | Other Restorations |
| | <input type="radio"/> Temporary Crown (PMMA) |

Tooth Shade



Abutment Shade:

Additional Information PROMO CODE:

Select teeth numbers:

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

<h3>Implant Components</h3> <p>Please tick</p> <p><input checked="" type="checkbox"/> Dr Andent</p> <p><input type="checkbox"/> Analog <input type="checkbox"/> Abutment <input type="checkbox"/> Implant Screw <input type="checkbox"/> Transfer Screw / Coping <input type="checkbox"/> Genuine parts preferred <input type="checkbox"/> Non genuine parts preferred</p> <p>Implant type/size: <input type="text"/></p> <p><small>* Genuine components will be used unless specified otherwise</small></p>	<h3>Materials Enclosed</h3> <p>Please tick</p> <p><input checked="" type="checkbox"/> Dr Andent</p> <p><input type="checkbox"/> Triple Tray <input type="checkbox"/> Articulator <input type="checkbox"/> Upper Impression <input type="checkbox"/> Denture <input type="checkbox"/> Lower Impression <input type="checkbox"/> P/C (Post Core) <input type="checkbox"/> Upper Model <input type="checkbox"/> Tooth Shade Tab <input type="checkbox"/> Lower Model <input type="checkbox"/> Voucher Attached # <input type="checkbox"/> Bite Registration <input type="checkbox"/> Photos to be emailed to photos@andent.com <input type="checkbox"/> Previous C&B to return</p>	<h3>Fast Track</h3> <p>Insufficient Occlusal Clearance</p> <p><input type="radio"/> Adjust the opposing and mark on model <input type="radio"/> Make a reduction coping to show where to adjust the preparation</p> <p>Margins not clear/distortion on impression</p> <p><input type="radio"/> Do best & estimate and attach a note</p> <p>Suspected incorrect occlusion</p> <p><input type="radio"/> Do best and estimate</p>
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