I.C DENTAL LABORATORY

LAB SHEET FORM

JOB NO.

General Dental Council
MHRA
@ contact@icdentallab.co.uk
07885626703

☐ MALE ☐ FEMALE

DESINFECTED ☐ YES / NO ☐

Patient Name: _____

Age: _____

Private/NHS _____

Date Sent: _____

Date Requested _____

Normal / Express: _____

Dentist name/ Clinic

Name/Address/Stamp

☐ IMPLANT CROWN(S)

Please fill the implant info below

Implant Brand _____

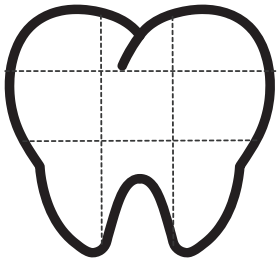
Implant Sistem _____

Platform Diameter _____

☐ E.MAX MONOLITHIC
☐ E.MAX LAYERED
☐ ZIRCONIA MONOLITHIC
☐ ZIRCONIA LAYERED CROWN
☐ FELDSPATHIC VENEERS

☐ INLAY
☐ ONLAY
☐ MARYLAND
☐ PORCELAIN FUSED METAL
☐ FULL CAST METAL
☐ WAX-UP

SHADE DETAILS:



CIRCLE TOOTH/TEETH:

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

SPECIAL INSTRUCTIONS:

_____

_____

_____

_____

OCCLUSAL STAINS:

☐ NONE ☐ LIGHT ☐ MEDIUM ☐ DARK

NOTE

_____

_____

_____

_____

FOR LAB USE ONLY

Lab Ref: _____

Invoice No: _____

Check In: _____

Check Out: _____