



Case Pick Up / Customer Service :+6011-6130 3061
 Email : info.3ddigitalab@gmail.com
 Digital Lab ID : info.3ddigitalab@gmail.com
 (3Shape, iTero, Shining 3D, Medit, Panda)

Address:
 No. 31-3 (Third Floor) Jalan PJU 5/20E,
 The Strand Kota Damansara, PJU 5,
 47810 Petaling Jaya, Selangor

Rx No.: _____

Date sent: _____
 Dr's Name: _____
 Pt's Name: _____
 Type of Case: Physical Case Digital Case

Date required: _____
 Clinic Name: _____
 Age: _____ Gender: Male/Female

Clinic Address: _____
 Clinic Contact No.: _____

PROSTHESIS	MATERIAL	ADDITIONAL INFO	TOOTH POSITION
FIXED PROSTHESIS Crown <input type="checkbox"/> Bridges <input type="checkbox"/> Maryland Bridge <input type="checkbox"/> Veneers <input type="checkbox"/> Inlays <input type="checkbox"/> Onlays <input type="checkbox"/> Post & Core <input type="checkbox"/>	<input type="checkbox"/> Multilayered Zirconia <input type="checkbox"/> Procelain Fused Zirconia <input type="checkbox"/> Monolithic Zirconia <input type="checkbox"/> Lithium Disilicate (Emax) <input type="checkbox"/> Composite <input type="checkbox"/> Full Metal <input type="checkbox"/> PFM <input type="checkbox"/> PMMA	<input type="checkbox"/> Pink Procelain	
IMPLANT Implant System: Straumann Noble Osstem Dentium Megagen Neobiotech Other: _____	CROWN MATERIAL <input type="checkbox"/> Zirconia <input type="checkbox"/> Lithium Disilicate (Emax) <input type="checkbox"/> Hybrid Glass Ceramic <input type="checkbox"/> PFM <input type="checkbox"/> PMMA	RESTORATION TYPE <input type="checkbox"/> Crown <input type="checkbox"/> Bridge <input type="checkbox"/> Screw Retained <input type="checkbox"/> Cement Retained	

Shade: _____
 Vita Classical
 Vita Pan
 Ivoclar
 Other: _____

Pontic Design Hygienic <input type="checkbox"/> Saddle-Ridge Lap <input type="checkbox"/>	Modified-Ridge Lap <input type="checkbox"/> Conical <input type="checkbox"/>	Ovate <input type="checkbox"/>
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Digital Smile Design / 3D Printing <input type="checkbox"/> Digital Smile Design <input type="checkbox"/> Digital Wax Up <input type="checkbox"/> Temporary Crown (CAD/CAM) <input type="checkbox"/> Implant Surgical Guide	Proximal Contact <input type="checkbox"/> Contact Point <input type="checkbox"/> Contact Area	Occlusion <input type="checkbox"/> Open Contact <input type="checkbox"/> Light Contact <input type="checkbox"/> Heavy Contact
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Enclosed with Case Upper Imp <input type="checkbox"/> Tray <input type="checkbox"/> Photo <input type="checkbox"/> Lower Imp <input type="checkbox"/> Articulator <input type="checkbox"/> Prosthesis <input type="checkbox"/> Study Model <input type="checkbox"/> Bite <input type="checkbox"/> Others: _____

Instructions:

If applicable, kindly send the patient's photo to +6011-6130 3061 //info.3ddigitalab@gmail.com