

# Monde Dental Lab Slip

\_\_\_\_\_ Sears Dental    Dental Works    Labs: \_\_\_\_\_    Case No: \_\_\_\_\_  
 Office Name: \_\_\_\_\_    No: \_\_\_\_\_    Dr: \_\_\_\_\_  
 Address: \_\_\_\_\_    Patient: \_\_\_\_\_  
 \_\_\_\_\_    Date Required: \_\_\_\_\_  
 Date \_\_\_\_\_

**Material Choice:**

PFM	Full Cast	Metal Free	Shade:
<input type="checkbox"/> 86% <input type="checkbox"/> 75% <input type="checkbox"/> High Nobel Yellow <input type="checkbox"/> High Nobel White <input type="checkbox"/> Semi- Precious <input type="checkbox"/> Captek <input type="checkbox"/> NP	<input type="checkbox"/> HN Yellow Gold <input type="checkbox"/> HN White Gold <input type="checkbox"/> Titanium <input type="checkbox"/> NP	<input type="checkbox"/> Empress <input type="checkbox"/> Inceram <input type="checkbox"/> Cercon <input type="checkbox"/> Procera Crown <input type="checkbox"/> Adoro/Vectris <input type="checkbox"/> Composite <input type="checkbox"/> Zirconia	 Occlusal Stain: <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> No

**Tooth Position:**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Porcelain Shoulder:  
Tooth No:

**Crown & Bridge**

Crown     Splinted  
 Bridge  
 Post with Crown  
 Post & Core  
 Maryland Br / Wing  
 Veneer  
 \_\_\_\_\_

**Rest Seat for Partial**

Metal  
 Mesial  
 Distal  
 Lingual  
  
**Partails**  
 Framwork  
 Finish Valplast  
 Plus Set up

Other Instruction:

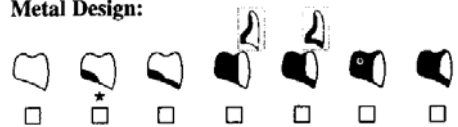
\_\_\_\_\_

\_\_\_\_\_

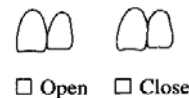
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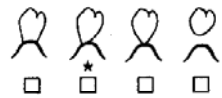
**Metal Design:**



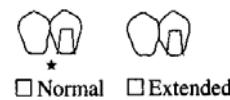
**Embrasure:**



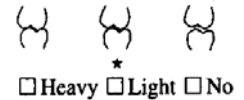
**Pontic Design:**



**Proximal Contact:**



**Occlusal Contact:**



**Layer of Die Spacer:**

1     2\*     3

Enclosed			
Tray <input type="checkbox"/>	Model <input type="checkbox"/>	Cr. <input type="checkbox"/>	Others:
Bite <input type="checkbox"/>	Matrix <input type="checkbox"/>	Br. <input type="checkbox"/>	
CCP / AD / CD <input type="checkbox"/>			

Dr. License No:  
Signature

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