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LABORATORY SERVICE REQUIRED (please tick)

STANDARD SUPERIOR PREMIER

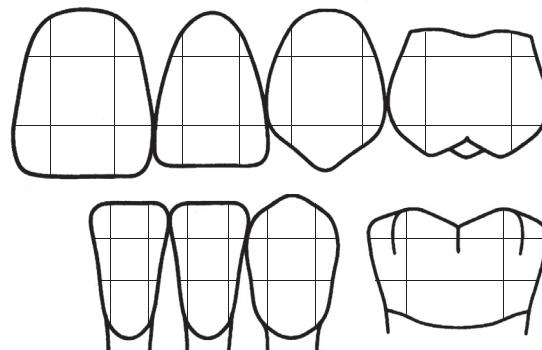
ALTERATION AUTHORISED BY:

SIGNED: DATE:

NOTES:

DENTIST:		DATE:	
PRACTICE:			
JOB No:		DELIVERY DATE:	
PATIENT NAME:			
PATIENT AGE:			
RESTORATION:	NO. OF UNITS:	ALLOY:	WEIGHT:
<input type="checkbox"/> PBC	<input type="text"/>	<input type="checkbox"/> NON-PRECIOUS	<input type="text"/>
<input type="checkbox"/> FVC	<input type="text"/>	<input type="checkbox"/> PRECIOUS	<input type="text"/>
<input type="checkbox"/> POST	<input type="text"/>	<input type="checkbox"/> 60%	<input type="text"/>
<input type="checkbox"/> BONDED BRIDGE	<input type="text"/>	<input type="checkbox"/> 40%	<input type="text"/>
<input type="checkbox"/> ZIRCONIA CROWN	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>
<input type="checkbox"/> ZIRCONIA BRIDGE	<input type="text"/>		
<input type="checkbox"/> VENEER	<input type="text"/>	SHADE:	<input type="text"/>
<input type="checkbox"/> COMPOSITE INLAY	<input type="text"/>	SURFACE LUSTRE:	
<input type="checkbox"/> E.MAX CROWN	<input type="text"/>	<input type="checkbox"/> MATT	<input type="checkbox"/> GLOSSY
<input type="checkbox"/> E.MAX VENEER	<input type="text"/>		
<input type="checkbox"/> SPECTRAMAX	<input type="text"/>		
<input type="checkbox"/> IMPLANTS	<input type="text"/>		
<input type="checkbox"/> OTHER	<input type="text"/>		

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



FOR OFFICE USE:				
	TECH	CHECK	FINAL CHECK	DATE
MODELS			<input type="text"/>	<input type="text"/>
DIES				
POSTS				
COPING			HOLD <input type="checkbox"/>	
CERAMIC			RELEASE <input type="checkbox"/>	
POLISH			CONCESSION <input type="checkbox"/>	
AUDIT:				
Alginate	<input type="checkbox"/>	Working Model	<input type="checkbox"/>	Bite Reg <input type="checkbox"/>
				Photo <input type="checkbox"/>