



DENTAL MILLING CENTRE

LABORATORY FORM

PH: 0478942430

coredentalmilling.com

PO BOX 61, Sunnybank, Brisbane, QLD, Australia, 4109

Send digital cases to Email: coredentalmilling@gmail.com

Practice/ Dr's Name:

Practice Address:

Practice Phone No:

Job descriptions:

Shade / Mould:

- ☐ Implant Work
 ☐ Titanium
 ☐ Digital Surgical Guide
 ☐ Orthodontics
☐ Chrome
 ☐ PEEK
 ☐ Acrylic Denture
 ☐ Mouthguard
☐ Splint
 ☐ Flexible Dentures
 ☐ Others

Special Tray	Bite Blocks	Try In	Re-Try	Finish
Due Date	Due Date	Due Date	Due Date	Due Date

Instruction:

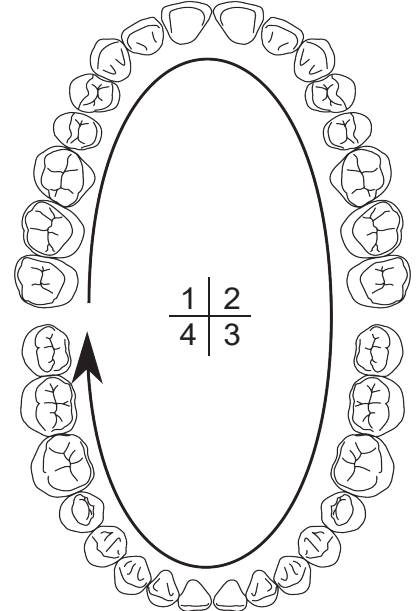
Patient Name:

Patient D.O.B: F ☐ M ☐

Date Send:

Desired Due Date:

Arch Type: ☐ Upper ☐ Lower ☐ Both



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Please circle single units or bracket splinted units:



Restoration:

IPS E max ☐ Zircornia ☐ PFM ☐ Metal Crown ☐

Metal Design:

Please circle your choice of margines.



Please circle your choice of metal design.



Please select your choice of metal type.

Semi Precious(Default) ☐ Non- Precious ☐ Yellow Gold ☐

Patient Name:

Patient D.O.B: F ☐ M ☐

Date Send:

Desired Due Date:

Shade:



Stum Shade: For all involved non-metal works.

Please select any itmes enclosed:

- ☐ Impression
 ☐ Partial
 ☐ Shade tap
☐ Opposing Models
 ☐ Attachments
 ☐ Pictures
☐ Study Model
 ☐ Analog/Abutment
 ☐ Old crown
☐ Bite Registration
 ☐ Implant tool
 ☐ Articulator

Additional Instruction: