

Laboratory Order Form



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Doctor: _____ Cust. Ref: _____

Address: _____ Tel: _____

Return Date: _____ Time: _____ AM / PM

PATIENT INFORMATION Name: _____ Age: _____ Male Female

CROWN / BRIDGE / IMPLANTS

RESTORATION TYPE

- Crown
- Bridge
- Inlay / Onlay
- Veneer - e.max Pressed
- Implant Screw Retained
- Implant Cement Retained
- Implant Brand _____
- _____
- Other _____

MATERIAL TYPE

- Metal-Free**
- Crystalite
(Super Translucent Zirconia)
- Opalite™
(Translucent Zirconia)
- Zirconia Layered
- IPS e.max® CAD
- IPS e.max® Pressed
- VITA® Enamic
- Celtra® Duo
- 3M ESPE Lava™ Plus
(Translucent Zirconia)
- 3M ESPE Lava™
(Layered)

PFM/FGC

- Premium PFM:
 - Semi-Precious
 - Precious (Yellow Gold)
- Standard PFM:
 - Semi-Precious
 - Precious (Yellow Gold)
- Full Gold Crown:
 - Non-Precious (CoCr)
 - Non-Precious (Gold)
 - Precious (Yellow Gold)

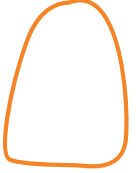
OCCLUSAL STAINING

- None
- Light
- Medium
- Dark
- POST & CORE**
- Post & Core (Only)
- Post & Crown (Separate)
- Post & Crown (One Piece)
 - Semi Precious
 - Precious (Yellow Gold)

Basic Shade: _____

Stamp Shade: _____

Tooth Number(s): _____



SHADE INSTRUCTIONS

EMBRASURE

- Natural Closed Open

Occlusal Contact

- Heavy Light Open

Proximal Contact

- Normal Broad

Pontic Design

- Ovate Ridge Lap Hygienic

COPING TYPE

- Regular Coping
- Full 360° Porcelain Margin
- Full 360° Metal Margin
- Half Metal Occlusal
- Full Metal Occlusal

IF INSUFFICIENT ROOM:

- Reduce prep & mark model
- Reduce opposing & mark model
- Reduce prep, make reduction key
- Send back for re-prep

SPECIAL INSTRUCTIONS

_____ Turn Over For Additional Instructions



Email photos with Dr and Patient name in the subject line to: images@racedental.com.au

Photos Sent

ORTHODONTICS Due Date _____

RETAINER

- Upper Lower
- Hawley
- Begg
- Trutain
- Spring Hawley
- Spring Aligner
- Lingual Arch 3x3
- Other _____

OCCLUSAL SPLINTS

- Heat Cured
- Hard / Soft
- Hard / Soft with Acrylic
- Soft
- Anterior Mini Splint
- Gelb
- Other _____

REMOVABLE

- Schwartz
- Sagittal / Schwartz
- 3D
- Twin Block
- Bionator
- Other _____

FIXED

- Herbst
- RME (Banded)
- RME (Acrylic)
- Superscrew
- Quad Helix
- Lingual Arch 6x6
- Space Maintainer
- Other _____

MISCELLANEOUS

- Bleaching Tray
- Snoring Device
- Race Mouthguard (Single Layer)
- Fortress Mouthguard Light
- Fortress Mouthguard Medium
- Fortress Mouthguard Heavy
- Colour _____
- Other _____

ACRYLIC / CHROME

CHROME CASTING

- P/- -/P
- Special Tray
- Frame Only
- With Wax Bite
- Separate Wax Bite
- With Try-in
- Separate Try-in
- Finish
- Titanium Casting
- Backings / Onlays
- Teeth numbers: _____
- Other _____

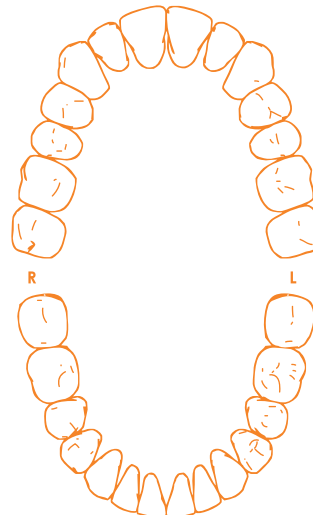
ACRYLIC DENTURE

FLEXIBLE DENTURE

- F/- -/F
- P/- -/P
- Special Tray
- Wax Bite
- Try-in
- Finish
- Other _____
- CLASPS**
- Stainless Steel Clasps
- Teeth numbers: _____
- Tooth-Coloured Clasps
- Teeth numbers: _____
- Clear Clasps
- Teeth numbers: _____
- Pink Clasps (Flexible)
- Teeth numbers: _____

REPAIRS

- F/- -/F
- P/- -/P
- Fracture
- Addition
- Tooth number: _____
- Imm Exo Addition
- Tooth number: _____
- Clasp (Addition)
- Tooth number: _____
- Strengthen
- Other _____



DENTURE SHADE: _____

SPECIAL INSTRUCTIONS

PATIENT APPOINTMENTS

Date 1 _____ Time: _____ am/pm

Date 2 _____ Time: _____ am/pm

Date 3 _____ Time: _____ am/pm

Date 4 _____ Time: _____ am/pm

Date 5 _____ Time: _____ am/pm

Date 6 _____ Time: _____ am/pm

Turn Over For Additional Instructions

