

Zir@ ORDER FORM

Date Sent: ___/___/___

Return Date: ___/___/___

Standard

Express (additional €5.00)

Laboratory Name: _____

Contact Name: _____

Patient Name: _____ Ref No. _____

Shade/Colour:

C=Coping
P = Pontic

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Instructions/Comments/Design

Enclosures:

Bite Study Cast Master Cast Die Wax-up Implant

OFFICE USE

Date received AM/PM

Date despatched AM/PM

Shade: A: B: C: D: = FS:

Invoice: Crowns Bridges Specials

Invoice No: _____ Guarantee Card Incl.

For best results please refrain from:

- Cutting too deep below margin
- Using die-spacer
- Using die hardener
- Using marginal liner
- Keep die surface clean (no grease)
- When possible with complex cases, send us a removable wax-up