Benk DENTAL LAB

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CLINIC'S CHOP

CROWN & BRIDGE RX

RESTORATION

Material

- ☐ Zirconia
- ☐ Emax / Lisi
- ☐ PFM
- ☐ PMMA
- ☐ Full Metal

Additional

- ☐ Diagnostic wax-up
- ☐ Gum Porcelain
- ☐ Lingual Rest
- ☐ Occlucal Rest

Implant

- ☐ Cemented
- ☐ Screw-retained

(System) _____

Type

- ☐ Layered/Build-up
- ☐ Monolithic

- ☐ Individual/Single
- ☐ Connected/Bridge
- ☐ Veneer
- ☐ Inlay/Onlay
- ☐ Post & core (Zir/Metal)
- ☐ Marylane Bridge
- ☐ Cantilever
- ☐ Endo Crown

DOCTOR IN CHARGE: _____

PATIENT NAME: _____

AGE: _____ SEX: M / F

RX DATE: _____ DATE REQUIRED: _____

If Insufficient Room

- ☐ Reduce prep & mark model
- ☐ Reduce opposing & mark model
- ☐ Reduce prep, make Trimming Cup
- ☐ Send back for re-prep
- ☐ Call Dr _____ (Contact No)

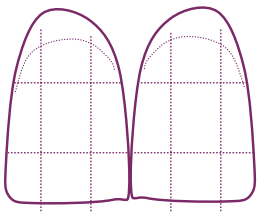
Enclosed

- ☐ Impression Tray (Upper / Lower)
- ☐ Working Model (Upper / Lower)
- ☐ Study Model (Upper / Lower)
- ☐ Bite Registration (Wax / Silicone)
- ☐ Photos & details (Whatsapp / Email)

CASE DESCRIPTIONS

Please provide any photos, study models, disgnostic casts with case. Send photos to : Whatsapp 012-507 1975 | benklab.tech@gmail.com

Characterizations



Tooth Shade: _____
(Required)

Shade Guide Used: _____
(vita is default)

Pink Tissue Shade: _____

Pontic Design

Modified ridge-lap ☐ Saddle ridge-lap ☐ Sanitary/ hygienic ☐ Conical ☐ Ovate ☐

Occlusal Contact

☐ Heavy ☐ Light ☐ Open

Proximal Contact

☐ Normal ☐ Extended

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

Notes :

Please indicate / specify which are the Vital tooth or Root Canal Treatment (RCT) tooth.

(Doctor's Signature) _____