Melbourne Smiles
Dental Laboratory

E. hello@MelbSmiles.com.au T. 03 9510 9000
Level 2A, 6-10 Chapel Street, Windsor

PROSTHETICS & ORTHODONTICS LAB SHEET

DENTIST:

PRACTICE:

PATIENT:

RETURN DATE: ______

Time: AM / PM

We recommend you schedule your patients in at least 1 day after return time. AM by 12 noon, PM by 5pm

DENTURES

U	L		U	L		U	L	
☐	☐	FULL ACRYLIC	☐	☐	SPECIAL TRAY	☐	☐	REPAIR
☐	☐	PARTIAL ACRYLIC	☐	☐	WAX RIMS	☐	☐	REPAIR ADDITION
☐	☐	CHROME CASTING	☐	☐	TRY IN FRAMEWORK	☐	☐	PARTIAL RELINE
☐	☐	VALPLAST	☐	☐	TRY IN TEETH	☐	☐	FULL RELINE
			☐	☐	FINISH DENTURE	☐	☐	LASER WELD
						☐	☐	CAST CHROME ADDITION

TEETH

- ☐ STANDARD
- ☐ PREMIUM

SHADE

PROCESSING

- ☐ INJECTION MOULDING
- ☐ CONVENTIONAL PACK
- ☐ COLD CURE
- ☐ GUM TINTING

ORTHODONTICS

- ☐ HAWLEY
- ☐ SCHWARTZ
- ☐ QUAD HELIX
- ☐ ORTHO STUDY MODELS
- ☐ SPACE MAINTAINER
- ☐ BONDED RETAINER

SPLINTS / SUCKDOWNS

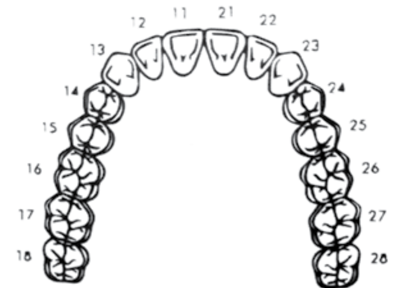
- ☐ CLEAR SPLINT
- ☐ PROFORM SOFT NIGHTGUARD
- ☐ BI LAMINATE (HARD/SOFT)
- ☐ MCI / NTI
- ☐ BLEACHING TRAYS

ESSEX RETAINER

- ☐ SCOLLOPED
- ☐ STRAIGHT CUT

SLEEP APNEA DEVICES

- ☐ MDSA
- ☐ DORSAL



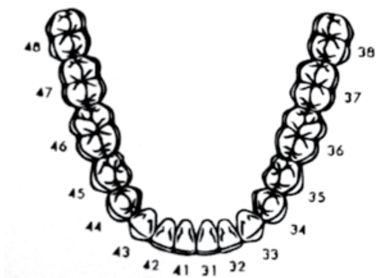
MOUTHGUARD

COLOUR

- ☐ SINGLE ______
- ☐ 2 COLOUR ______
- ☐ 3 COLOUR ______
- ☐ MARBLE ______
- ☐ TOPDECK

OUTER: ______ INNER: ______

- ☐ LAMINATED
- ☐ INDENTATIONS
- ☐ TEXT/IMAGE ______



INSTRUCTIONS

OFFICE USE ONLY

RECEIVED	U	L
IMPRESSION	☐	☐
MODEL	☐	☐
BITE REGISTRATION	☐	☐

DATE RECEIVED ______

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DENTIST:

PRACTICE:

PATIENT:

CROWN / BRIDGE IMPLANTS LAB SHEET

RETURN DATE: ____________________

Time: AM / PM

We recommend you schedule your patients in at least 1 day after return time. AM by 12 noon, PM by 5pm

RESTORATION TYPE

- [ ] CROWN
- [ ] BRIDGE
- [ ] INLAY/ONLAY
- [ ] MARYLAND BRIDGE
- [ ] POST AND CORE
- [ ] VENEER
- [ ] TEMPORARY CROWN

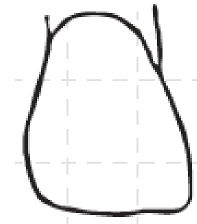
ALL CERAMIC

- [ ] E MAX MONOLYTHIC
- [ ] E MAX LAYERED
- [ ] ZIRCONIA MONOLYTHIC
- [ ] ZIRCONIA LAYERED

PORCELAIN FUSED TO METAL

- [ ] SEMI PRECIOUS
- [ ] NON PRECIOUS

SHADE



STUMP SHADE

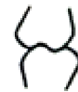
FULL CAST

- [ ] YELLOW GOLD
- [ ] NON PRECIOUS SILVER
- [ ] NON PRECIOUS YELLOW GOLD

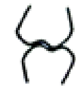
OCCLUSAL STAINING

- [ ] NONE
- [ ] MEDIUM
- [ ] LIGHT
- [ ] HEAVY

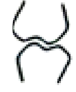
OCCLUSAL CONTACT



HEAVY



LIGHT



OPEN

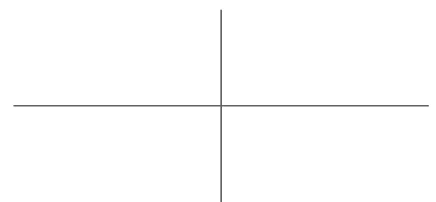
ABUTMENT TYPE

- [ ] MILLED ABUTMENT - CO/CR
- [ ] ATLANTIS CAD/CAM ABUTMENT
- [ ] CAST GOLD
- [ ] TITANTIUM
- [ ] ZIRCONIA

IMPLANT CROWN

- [ ] CEMENT RETAINED
- [ ] SCREW RETAINED (OCCLUSALLY)
- [ ] CROSS PIN (LINGUALLY)
- [ ] TITANTIUM BASE
- [ ] BIAXIAL ANGLE CORRECTION

DIAGNOSTIC WAX-UP



IMPANT SYSTEM

PLATFORM DIAMETER:

INSTRUCTIONS

OFFICE USE ONLY

RECEIVED	U	L
IMPRESSION	[ ]	[ ]
MODEL	[ ]	[ ]
BITE REGISTRATION	[ ]	[ ]

SCANS

- [ ] EMAIL
- [ ] DROPBOX
- [ ] SIRONA CONNECT

DATE RECEIVED____________________