



1
PERSONAL INFORMATION

Doctor Name*:

Clinic Name*:

Contact No*:

Date:

Delivery Date*:

Age

Gender: Male Female

Patient Name*:
For Warranty Card

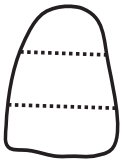
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2
PRELIMINARY INFORMATION

JOB TYPE

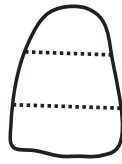
- New Continuation
 Redo Correction

SHADE



Tooth Shade

(Please Take Photo With Shade Tab)



Stump Shade

RESTORATION ON TOOTH

- Joint Crowns Separate Crowns Bridge

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

ENCLOSED WITH

- Upper Imp Lower Imp Aluwax Bite Scanned Image
 Upper Model Lower Model Study Model Digital Photo

3
PRODUCT INFORMATION

TYPE OF PROSTHESIS

- Crown and Bridge Inlay / Onlay Laminate/ Veneer Table -Top / 3/4th Crown Dowel Post

ZIRCONIA RESTORATION

(Please Select Warranty Type)

- Smart Zirconia BruxZir Multilithic Premium - 15 Yrs* Platinum - 25 Yrs* Life time*

METAL-FREE RESTORATION

(Please Select Warranty Type)

- e.max G-CAM Premium - 5 Yrs* Platinum - 15 Yrs* Life time*

METAL-CERAMIC

- SMART POM MLS POM PFT (Titanium)

FULL METAL

- SMART DMLS Titanium

4
ADDITIONAL INFORMATION

STAGE

- Coping / Metal Trial PMMA
 Bisque Trial Finish

PONTIC DESIGN

- Modified Ridge Hygienic (2 mm)
 Full Ridge Ovate Bullet

COLLAR AND METAL DESIGN

- No Collar 360 Collar
 Lingual Collar Facing

SPECIFICATIONS:

PLEASE DISINFECT THE IMPRESSION :

By filling this RX copy, you agree to by all terms & conditions of Illusion Dental Laboratory and agree to receive messages and newsletters.

Note: Please send a bite registration along with the upper & lower rubber base impression. Kindly fill in all the required details in the Rx to avoid any delay with your cases.
*Please mention Patient's name for warranty card.