

Private Instructions

Associated Laboratories Ltd

324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ
(Please Use In Conjunction With Docket)

DENTIST _____	TYPE OF CROWN		
PATIENT _____	ZIRCONIA <input type="checkbox"/>		
AGE _____ M <input type="checkbox"/> F <input type="checkbox"/>	INCERAM <input type="checkbox"/>		
JOB NO. <input type="text"/>	EMAX <input type="checkbox"/>		
BOX NO. <input type="text"/>	BIO 2000 (24 Crt Gold) <input type="checkbox"/>		
	GRADIA <input type="checkbox"/>		
	BONDED <input type="checkbox"/>	ALLOY TYPE <input type="checkbox"/>	PREC NON PREC <input type="checkbox"/>
	SHADE <input type="text"/>		
	OCCLUSAL STAIN	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	NECK STAIN	<input type="checkbox"/>	<input type="checkbox"/>
	GLAZE	HIGH <input type="checkbox"/>	LOW <input type="checkbox"/>
	CONTOURING	<input type="checkbox"/>	<input type="checkbox"/>
	STUMP/PREP SHADE* <input type="text"/>		
	* Vital For All Ceramic Restorations		

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