

CONTACT US FOR MORE INFORMATION

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DELIVERY: Level 9, Avaya House, 123 Epping Road, Macquarie Park, NSW 2113

IMPLANT ORDER FORM: FULL ARCH AND OVERDENTURE

Dentist		Patient name	
Address			
Email		Date Due by 5pm	
Phone #			

Instructions

implant brand _____ diameter _____

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

Type of Restoration

- ☐ Welded titanium bar and acrylic or composite resin teeth and soft tissue
- ☐ CAD CAM Cobalt Chrome substructure + acrylic teeth and soft tissue
- ☐ CAD CAM Titanium substructure + acrylic teeth and soft tissue
- ☐ CAD CAM Titanium substructure + eMax crowns and composite soft tissue
- ☐ CAD CAM Zirconia substructure + porcelain layering

Overdenture

Attachments ☐ locator ☐ ball number of attachments

Items Sent

- ☐ digital scan STL format sent to admin@cdlab.com.au
- ☐ implant analogues number
- ☐ photos sent to admin@cdlab.com.au
- ☐ prosthetic abutments number
- ☐ upper impression ☐ lower impression ☐ bite
- other items

Instruction

Shade



occlusal staining

- ☐ none
- ☐ light
- ☐ dark