



SIVA SUBRAMANIYAN DENTAL LAB

No. _____ Date : _____

Dr. : _____

Patient Name : _____

Age : Sex : M F

Prosthesis Type : _____

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

Metal Trial Bisq Trial Final Finish

Delivery Date _____

Warranty Card Yes No



SS DENTAL LAB
SIVA SUBRAMANIYAN DENTAL LAB
Cell : 97878 80499, E-mail : ayyappan.dm2010@gmail.com

No. _____

Date : _____

Dr. _____

Patient Name : _____

Age : Sex : M F

Prosthesis Type : _____

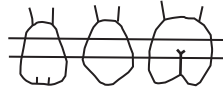
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Type of Pontic : Ridge Lap / Modified Ridge lap / Sanitary

Shade : Cervical

Middle

Incisal / Cuspal



Metal Trial Required : Yes / No - Delivery Date _____

Bisq Trial Required : Yes / No - Delivery Date _____

Final Finish - Delivery Date _____

Warranty Card - Yes No

Any other instructions : _____

Signature _____



SS DENTAL LAB

SIVA SUBRAMANIYAN DENTAL LAB

Cell : 97878 80499, E-mail : ayyappan.dm2010@gmail.com

CD

Premium

Classic

Economic

Injectin Moulding

RPD Normal High Impact

Flixibility RPD Low Medium

Hawleys Appliance

Splint Hard Soft

Jacket Crown

Metal Ceramic (PFM)

Premium Full Facing

Classic Full Facing

Basic Full Facing

Economic Full Facing

Zirconium (PFZ)

Premium

Classic

Basic

Full Contour

Full Metal

Rest

Gingval Ceramic