



Level 2 - 130 Nepean Highway
 Aspendale VIC 3195
 03 9587 2791
 info@all-star-dental.com
 all-star-dental.com

Date..... Job #.....(Lab use)
 Doctor Phone
 Email
 Patient Age M/F

CROWNS & BRIDGES

ORTHODONTICS

MOUTHGUARDS

- | | | |
|--|--|--|
| <input type="checkbox"/> Premium/Standard | <input type="checkbox"/> Bleach Trays | <input type="checkbox"/> Basic |
| <input type="checkbox"/> e.Max | <input type="checkbox"/> Occ Splint | <input type="checkbox"/> Standard |
| <input type="checkbox"/> Implant Crown | <input type="checkbox"/> Pro Form Nite-Guard | <input type="checkbox"/> Pro |
| <input type="checkbox"/> VMK | <input type="checkbox"/> Special Tray | <input type="checkbox"/> Colour |
| <input type="checkbox"/> Gold | <input type="checkbox"/> URA | <input type="checkbox"/> Name/Phone Insert |
| <input type="checkbox"/> Zirconia | <input type="checkbox"/> LRA | |
| <input type="checkbox"/> Monolithic Zirconia | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Onlay/Inlay | | |
| <input type="checkbox"/> Post & Core | | |

DENTURES

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> F/- | <input type="checkbox"/> Valplast |
| <input type="checkbox"/> -/F | <input type="checkbox"/> Soft-lined |
| <input type="checkbox"/> P/- | <input type="checkbox"/> Repair |
| <input type="checkbox"/> -/P | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Co/Cr | <input type="checkbox"/> Reline |
| <input type="checkbox"/> Immediate | <input type="checkbox"/> Rebase |
| <input type="checkbox"/> Ultraflex | <input type="checkbox"/> Clear Clasp |

Denture Return Dates

- Special Trays
 Bite Registration
 Try in Metal Frame
 Wax Try In

SHADE SELECTION

SPECIAL INSTRUCTIONS

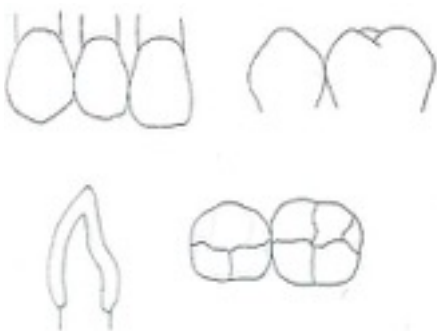
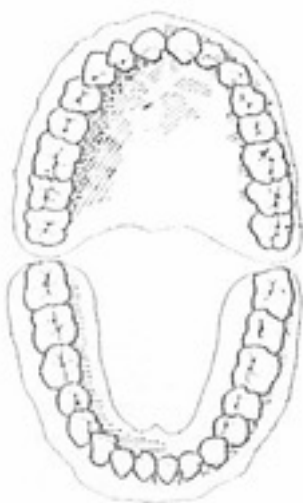
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APPLIANCE RETURN DATE

Same Day/Emergency Service

JOBS WILL BE RETURNED BY 5PM THIS DATE

CUSTOM DETAILED SHADE SELECTION



SHADE

NOTES