



LABORATORY DOCKET

Case prescription & work order — enclose with physical impressions, models or appliances

OSCERA

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LAB USE ONLY	Bin No.	Job Ref.
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PRACTICE & PATIENT DETAILS

Practice / Clinic	Dentist Name (CAPITALS)
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Patient Name / Reference	Age	Shade
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Appointment (Date & Time)	Delivery / Required Date
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RESTORATION REQUIRED

- | | | |
|--|--|--|
| <input type="checkbox"/> Zirconia Crown | <input type="checkbox"/> e.max Crown / Veneer | <input type="checkbox"/> PFM Crown |
| <input type="checkbox"/> Implant Crown | <input type="checkbox"/> Gold Crown | <input type="checkbox"/> Post and Core |
| <input type="checkbox"/> Maryland Bridge | <input type="checkbox"/> Twiny Composite Onlay | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Surgical Guide | <input type="checkbox"/> Smile Design / Wax-up | <input type="checkbox"/> Other |

Mark teeth involved (FDI):

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

SPECIFICATION

Construction

- | | | |
|-------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Monolithic | <input type="checkbox"/> Layered | <input type="checkbox"/> PMMA Temporary |
|-------------------------------------|----------------------------------|---|

Implant — Retention & Abutment

- | | | |
|--|--|---|
| <input type="checkbox"/> Cement-retained | <input type="checkbox"/> Screw-retained | <input type="checkbox"/> Custom Titanium Abutment |
| <input type="checkbox"/> Stock Abutment | <input type="checkbox"/> Best fit for case | |

Alloy (Gold / Post & Core)

- | | | |
|--|---|--|
| <input type="checkbox"/> High Noble (Yellow) | <input type="checkbox"/> Economy Noble (Yellow) | <input type="checkbox"/> Non Precious (Silver) |
| <input type="checkbox"/> Precious (Yellow) | | |

PONTIC DESIGN (IF BRIDGE)

- | | | |
|---|--|--|
| <input type="checkbox"/> Ovate | <input type="checkbox"/> Full Lap | <input type="checkbox"/> Buccal Lap |
| <input type="checkbox"/> Sanitary Contact | <input type="checkbox"/> Sanitary Spaced | <input type="checkbox"/> Pontic Relief: Yes / No |

ENCLOSURES (PLEASE TICK)

- | | | |
|---|--|--|
| <input type="checkbox"/> Bite registration | <input type="checkbox"/> Silicone impression | <input type="checkbox"/> Alginate impression |
| <input type="checkbox"/> Model(s) | <input type="checkbox"/> Shade photographs | <input type="checkbox"/> Jig |
| <input type="checkbox"/> Implant analog / scan body | <input type="checkbox"/> Face-bow record | <input type="checkbox"/> Other |

CLINICAL NOTES & SURGEON / PATIENT REQUIREMENTS

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CONFIRMATION OF INSTRUCTIONS

Approved for manufacture	Technician	Dentist Signature	Date
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Custom-made device for the exclusive use of the named patient, conforming to the UK Medical Devices Regulations 2002 (as amended).