

Laboratory Procedure Form

Restorative cases: order@epiclab.com.sg

Ortho cases: ortho@epiclab.com.sg



Required information

Delivery on _____

(10 standard working days)

Case turnaround times are based on the date after evaluation by Epic Lab.
Please allow 14 working days for complex cases.

Doctor Name _____

Practice Name _____

Delivery Address _____

Phone _____

Email _____

Patient Name _____

Gender M F

Restorative case instructions

Please **CIRCLE** single unit and **CROSS** splinted units.

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

- Crown Bridge
 Veneer Inlay/Onlay
 Cement-retained implant
 Screw-retained implant

Type of restorative material

- EpicLite** zirconia (not suitable for anterior)
 EpicTL zirconia (high translucency, max 3 units)
 Emax CAD Hybrid ceramics PMMA

Implant case instructions

Type of implant system _____

Tooth number / Size of implant _____

Tooth number / Size of implant _____

Tooth number / Size of implant _____

Tooth number / Size of implant _____

Implant components

Items to be included:

- Lab analog Abutments
 Impression coping Others _____

Crown design

Tooth shade: _____

If insufficient room

- Trim opposing (warranty will be void)
 Call

Occlusal clearance Light Open Tight

Contact Light Medium Heavy

Non-vital tooth number _____
(Please indicate all non-vital tooth)

Ortho case instructions

Retainer

- Upper Lower Upper & Lower

Material

- Zendura 0.76mm Zendura 1.02mm

Model printing

- Upper Lower Upper & Lower

Specific instructions

Please provide photos, email photo@epiclab.com.sg

Dentist's signature _____