The Ultimate Dental Laboratory Ltd

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Dentist name | GDC No

Practice Address

Postcode:

Patient name

Patient PO/Ref no

Dentist tel no:

Patient shade

Conversion prosthesis & restorative guide

Special tray — *Date required:* — *Extra dentist notes:*
U ☐ L ☐

Wax bite — *Date required:* — *Extra dentist notes:*
U ☐ L ☐

Finish Conversion prosthesis & restorative guide
U ☐ L ☐
Colour: Pink ☐ Clear ☐

Date required: — *Extra dentist notes:*

Bar stage

Implant system used

Teeth Required: ☐ Acrylic
☐ Individual Zirconia crowns

Special tray U ☐ L	*Date required:*	*Extra dentist notes:*	
Wax bite U ☐ L ☐	*Date required:*	*Extra dentist notes:*	
Verification jig U ☐ L ☐	*Date required:*	*Extra dentist notes:*	
Try-in on a hard base U ☐ L ☐	*Date required:*	*Extra dentist notes:*	*Technician notes:*
Retry (before bar)	*Date required:*	*Extra dentist notes:*	*Technician notes:*
2nd Retry (before bar)	*Date required:*	*Extra dentist notes:*	*Technician notes:*
Bar framework *(15 working days in lab required)*	*Date required:*	*Extra dentist notes:*	*Technician notes:*
Retry (after metal bar)	*Date required:*	*Extra dentist notes:*	*Technician notes:*
Bar finish stage *(10 working days in lab required)*	*Date required:*	*Extra dentist notes:*	*Technician notes:*

LAB USE ONLY

Case checked by: ☐
Date checked in: / /
No of imps/scans: ☐
Squash ☐
Model/scan checked by:

Checked Date :
/ /
Final inspection by:

Inspected Date :
/ /