

Shingan Dental Laboratory

Order Date:

Shipping Date :

Case ID :

<input type="checkbox"/> N.P <input type="checkbox"/> Argen <input type="checkbox"/> Titanium <input type="checkbox"/> BEGO <input type="checkbox"/> PMMA <input type="checkbox"/> Coping	<input type="checkbox"/> PEEK <input type="checkbox"/> Composite <input type="checkbox"/> E-max <input type="checkbox"/> Katana UTML <input type="checkbox"/> layered Zircon <input type="checkbox"/> Full Zircon	Sending items : Tray: U <input type="checkbox"/> L <input type="checkbox"/> Bite : U <input type="checkbox"/> L <input type="checkbox"/> Plaster model: U <input type="checkbox"/> L <input type="checkbox"/> Transfer Post+screw: Analog: Planting kit:	Patient name : Female <input type="checkbox"/> Male <input type="checkbox"/> Dr :
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														Remark:					
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	Shade:			

Instructions :

Fixed Prosthetics	Removable Prosthetics	Implant Series
<input type="checkbox"/> Maryland Bridge <input type="checkbox"/> PFM <input type="checkbox"/> Full Metal crown/Bridge <input type="checkbox"/> Crown <input type="checkbox"/> Bridge <input type="checkbox"/> Veneer <input type="checkbox"/> Inlay/Onlay <input type="checkbox"/> Post core	<input type="checkbox"/> Metal Framework <input type="checkbox"/> Teeth Set up for Try-in <input type="checkbox"/> Individual tray/bite <input type="checkbox"/> Bite Rim +Base Plate <input type="checkbox"/> Direct Finish <input type="checkbox"/> Acrylic <input type="checkbox"/> Valplast <input type="checkbox"/> Full Denture <input type="checkbox"/> Night guard	Implant System : <input type="checkbox"/> Screw <input type="checkbox"/> Glue <input type="checkbox"/> No Glue
Metal margin design <input type="checkbox"/> metal margin <input type="checkbox"/> Lingual metal margin <input type="checkbox"/> Metal margin all around <input type="checkbox"/> design CIV	Telescope <input type="checkbox"/> Primary Crown <input type="checkbox"/> Second crown <input type="checkbox"/> Third crown <input type="checkbox"/> Vestibular -CIV <input type="checkbox"/> Full Composite <input type="checkbox"/> Telescope crown Try-in	<input type="checkbox"/> PMMA-Temporary Full Arch <input type="checkbox"/> Full guided surgery <input type="checkbox"/> Individual Titanium abutment <input type="checkbox"/> Individual Zirconia abutment <input type="checkbox"/> Implant Analog
Pontic form <input type="checkbox"/> Tangcnuial <input type="checkbox"/> Sanilary <input type="checkbox"/> Saddle <input type="checkbox"/> Egg <input type="checkbox"/> Point	Attachment <input type="checkbox"/> Dolder bar <input type="checkbox"/> TK solt/TK-1 <input type="checkbox"/> Milling wing with interlock <input type="checkbox"/> Sitcc TK snap <input type="checkbox"/> Preci Vertex Att / Key & Keyway <input type="checkbox"/> Custom ATT <input type="checkbox"/> Vario Ball Snap <input type="checkbox"/> Ball Clasp	ATT: Nu : ATT: Nu : ATT: Nu :
<input type="checkbox"/> Ceramic shoulder <input type="checkbox"/> Ceramic gum <input type="checkbox"/> Composite gum		