

Account Number: Email address:
 Company Name: Phone Number:
 Delivery Address:
 Dentist Name: Patient Name:
 Patient Age: Male: Female: Work required by Date:

RESTORATION TYPE

Full Contour Zirconia: Zirconia Veneer: Inlay/Onlay Zirconia: Customised Zirconia Abutment:
 Monolithic Zirconia with Facial Cutback and Layered Porcelain on Buccal Side: Porcelain fused to Zirconia:

MATERIAL TYPE

Zirconia HT: Zirconia ST: Zirconia 3D Multilayer:

ALL CERAMIC

100% Monolithic Zirconia: Zirconia Coping: 3D Multilayer:

MANUFACTURING TIME

Standard 72hrs: (Standard delivery charge)
 *DDA Express 48hrs: (*extra costs for urgent service, contact DDA)

SELECT TEETH NUMBERS:

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

ADDITIONAL INFORMATION TOOTH SHADE SELECTION

MATERIALS ENCLOSED

.Stl file: Bite Registration: P/C Post Core:
 Upper Model: Articulator: Tooth Shade:
 Lower Model: Denture: Uploaded Photos:

