



Job Order

No: _____

Clinic's Name :			Date :		
Doctor's Name :			Final Shade:		
Patient's Name :			Stump Shade:		
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Age :	Tel. No. of clinic :			
Try in:	Date of Delivery :				<input type="checkbox"/> Photos emailed <input type="checkbox"/> Call to discuss <i>Email here: photos@novadentalart.com.au</i>

RESTORATION TYPE :

- Crown
- Bridge
- Inlay/Onlay
- Veneer
- Post core/Root cap
- Maryland pontic
- Maryland retention wing
- Other _____

RESTORATION MATERIAL :

- Porcelain fused to zircon
- Monolithic translucent zirconia
- LITHIUM disilicate EMAX
- Monolithic emax
- Hybrid/Resin
- Full metal crown
- Porcelain fused to metal

Pontic Design



Metal Design



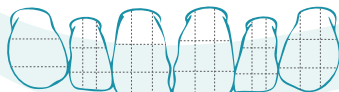
Face Shape



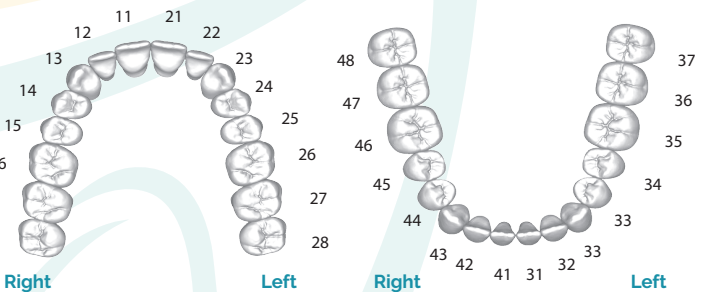
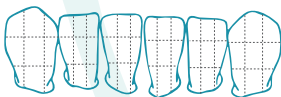
- Ovoid
- Triangular
- Rectangular



17 16 15 14 | 24 25 26 27
47 46 45 44 | 34 35 36 37



13 12 11 | 21 22 23
43 42 41 | 31 32 33



Instructions :

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