



**DENTAL LABORATORY**

#57 Sampaguita St. Sampaguita Village  
Malanday, Marikina City 1805 Philippines

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*PATIENT INFORMATION*

Patient : \_\_\_\_\_

Gender : \_\_\_\_\_ Age : \_\_\_\_\_

Shade : \_\_\_\_\_



*TYPE OF ALLOY*

- Lab Supplied  Dr. Supplied
- NP  TILITE  SP
- PRECIOUS  CAPTEK

*Account Information*

**DENTIST :** \_\_\_\_\_

Telephone no. : \_\_\_\_\_

License no. : \_\_\_\_\_

PICK-UP DATE :

DUE DATE :

*DETAILS*

- TRIAL**  Coping  Metal Frame  Unglazed  Wax
- DIRECT**  Individual  Join-Bridge
- EMAX**  **ALL METAL**  **ADORO**  **ADORO w/ METAL**
- Full Crown  Inlay  Veneer  **POST & CORE**
- PORCELAIN FUSED TO METAL**
- NORITAKE**  **CERAMCO**  **IPS DSIGN**
- w/ Butt Margin  w/ Metal Occlusion  w/ Metal Lingual
- PORCELAIN FUSED TO CAPTEK**
- ZIRCONIA**
- TCS ONLY**  **TCS METAL COMBO**
- VALPLAST ONLY**  **VALPLAST METAL COMBO**
- R.P.D. (W/ METAL FRAME)**  **ORTHODONTICS**
- R.P.D. (ACRYLIC ONLY)**  **COMPLETE DENTURE**
- TEMP PLASTIC CROWN**  **IVOCAP**
- TEMP PLASTIC W/ METAL**  **ASSEMBLE CASTED CLASP**



(FOR DENTURE/RPD/VALPLAST)  
BRAND OF PONTIC :

**ADDITIONAL INSTRUCTIONS**

*Upper - Right*

*Upper - Left*

*Lower - Right*

*Lower - Left*

**DOCTOR SUPPLIED ITEMS (INVENTORY)**

- |                      |                                   |                          |
|----------------------|-----------------------------------|--------------------------|
| 1. BITE WAX _____    | 5. OLD DENTURE _____              | 9. TRAY _____            |
| 2. ACCU-TRAC _____   | 6. OLD CROWN _____                | 10. SHADE GUIDE _____    |
| 3. ARTICULATOR _____ | 7. ALLOYS (gram) _____            | 11. OTHERS _____         |
| 4. PONTICS _____     | 8. MODEL CAST (U) _____ (L) _____ | <b>ITEM COUNT:</b> _____ |