PRIVATE CROWN & BRIDGE

Portchester Smiles Ltd
Precision in every detail.
Craftsmanship in every smile.

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DENTIST NAME	ADDRESS:	Lab use only:
		JOB NO.
PATIENT NAME DATE REQUIRED APPOINTMENT TIME	PHONE:	Work Accepted by Lab Date: Initials:

NOTATION

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 _____

☐ Crown ☐ Maryland ☐ Pontic ☐ Diagnostic Wax Up
☐ Bridge ☐ Inlay ☐ Wing
☐ Veneer ☐ Onlay ☐ Post & Core ☐ Temporary Crown/Bridge

OCCLUSAL STAIN

None ☐
Medium ☐
Heavy ☐

ALL CERAMIC

☐ Emax
☐ Zirconia

IMPLANT SYSTEM

_____

Please note implant timings are case specific and should be discussed with the Lab

Additional items included with work, Analogues etc

Instructions:



Work compliant with order:	Initials:	Date:

iTero™ CERTIFIED LAB
British Dental Technology
Clinically Compliant | Professionally Produced

Dentsply Sirona

Version 1
16/11/2026