

Dentanet Ltd

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 infodentanet@gmail.com | www.dentanet.ie

001

Dr:
Address:

Tel:

Date:

Patient Name:

Age:

- | | | |
|---|--|---|
| <input type="checkbox"/> PFM | <input type="checkbox"/> Custom Abutment | <u>DENTURES</u> |
| <input type="checkbox"/> Zirconia/Porcelain | <input type="checkbox"/> Brand Abutment | <input type="checkbox"/> Standard Teeth |
| <input type="checkbox"/> Full/Multilayer Zirconia | <input type="checkbox"/> Screw Retained Implant | <input type="checkbox"/> Premium teeth |
| <input type="checkbox"/> Emax | <input type="checkbox"/> Cement Retained Implant | <input type="checkbox"/> Flexi |
| <input type="checkbox"/> Veneer | <input type="checkbox"/> Implant Denture | <input type="checkbox"/> Chrome Cobalt |
| <input type="checkbox"/> Temporary Crown | <input type="checkbox"/> OTHERS (Please write under instructions) | |

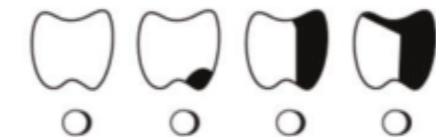
R							L						
17	16	15	14	13	12	11	21	22	23	24	25	26	27
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	46	45	44	43	42	41	31	32	33	34	35	36	37
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions

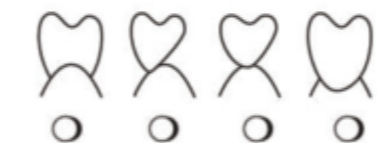
Colour Shade (Vita)



POSTERIOR DESIGN



PONTIC DESIGN



Return By:

Custom Made Device For Exclusive Use of Patient