



**Ocean Dental  
Laboratory Ltd.**

Tel: 9095 8289 Email: oceandentallab@hotmail.com

**A Full Service Dental Laboratory**

**ORDER NO: 0000001**

Clinic Stamp

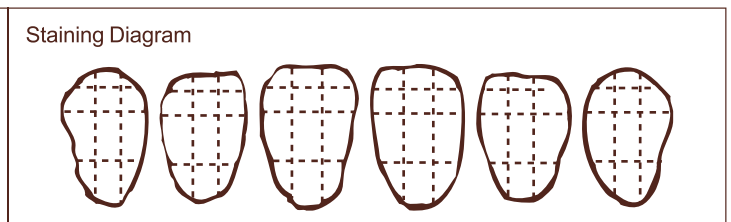
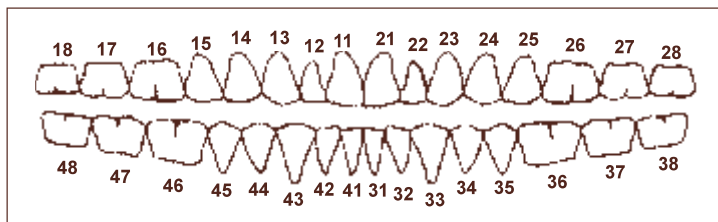
Surgeon's Name  
Dr. \_\_\_\_\_  
Patient's Name  
\_\_\_\_\_  
Age \_\_\_\_\_  
 Male  
 Female

Date Send  
\_\_\_\_\_  
Date Required  
\_\_\_\_\_

<b>Type Of Works</b> <input type="checkbox"/> Crown <input type="checkbox"/> Onlay <input type="checkbox"/> Bridge <input type="checkbox"/> Inlay <input type="checkbox"/> Veneer <input type="checkbox"/> Post Core <input type="checkbox"/> Cantilever Bridge <input type="checkbox"/> Maryland Bridge <input type="checkbox"/> Full Metal <input type="checkbox"/> Precision Attachment	<b>Type Of Alloy / Material</b> <input type="checkbox"/> Titanium Alloy <input type="checkbox"/> NP-Dentaurum (Nickel-Free) <input type="checkbox"/> Non-Precious <input type="checkbox"/> IPS e-max <input type="checkbox"/> Semi-Precious <input type="checkbox"/> Cercon Zirconia <input type="checkbox"/> Yellow Gold Precious <input type="checkbox"/> White Metal <input type="checkbox"/> H-White Gold Precious <input type="checkbox"/> Ceramage Composite (Shofu)	<b>Implant Restoration</b> <input type="checkbox"/> Screw Retain 1 Piece <input type="checkbox"/> Screw Retain Separated (SCRIP) <input type="checkbox"/> Cemented Retain <input type="checkbox"/> Transfer Jig <input type="checkbox"/> Customized Cad / Cam Abutment <input type="checkbox"/> CoCr <input type="checkbox"/> Pure Ti <input type="checkbox"/> Zirconia	<b>Implant System</b> <input type="checkbox"/> Osstem <input type="checkbox"/> Zimmer <input type="checkbox"/> Astra <input type="checkbox"/> Bicon <input type="checkbox"/> 3I <input type="checkbox"/> Nobel Biocare <input type="checkbox"/> Tekka <input type="checkbox"/> Megagene <input type="checkbox"/> DIO <input type="checkbox"/> Ankylos/xive <input type="checkbox"/> Dentium (Superline) <input type="checkbox"/> Straumann
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<input type="checkbox"/> No Metal Margin <input type="checkbox"/> Lingual Metal Margin <input type="checkbox"/> 3/4 Occlusal Metal <input type="checkbox"/> Occlusal Metal <input type="checkbox"/> Metal Collar Lingual _____mm <input type="checkbox"/> Metal Collar Buccal _____mm <input type="checkbox"/> Porcelain Margin / Shoulder	<b>Pontics:</b>  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact Point <input type="checkbox"/> Contact Area <input type="checkbox"/> <b>Teeth Gap:</b> No Gap <input type="checkbox"/> Little Gap <input type="checkbox"/> Big Gap <input type="checkbox"/>	<input type="checkbox"/> 3D Metal Printing Crown <input type="checkbox"/> 3D Resin Printing Model <input type="checkbox"/> All on 4 Dental Implants <input type="checkbox"/> CAD/CAM Milling CoCr Bar	
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<b>Type Of Works</b> Flexible Denture <input type="checkbox"/> Upper <input type="checkbox"/> Lower Acrylic Denture <input type="checkbox"/> Upper <input type="checkbox"/> Lower Chrome Cobalt <input type="checkbox"/> Upper <input type="checkbox"/> Lower Pure Titanium (Framework) <input type="checkbox"/> Upper <input type="checkbox"/> Lower High Impact Denture <input type="checkbox"/> Upper <input type="checkbox"/> Lower Soft Base Denture <input type="checkbox"/> Upper <input type="checkbox"/> Lower Occlusal Acrylic Splint <input type="checkbox"/> Upper <input type="checkbox"/> Lower Soft Night Guard <input type="checkbox"/> Upper <input type="checkbox"/> Lower Hard Night Guard (Heatform) <input type="checkbox"/> Upper <input type="checkbox"/> Lower Hard (Outer) Soft (Inner) <input type="checkbox"/> Upper <input type="checkbox"/> Lower Therm-O-Flex Mouth Guard <input type="checkbox"/> Upper <input type="checkbox"/> Lower Invisible Retainer <input type="checkbox"/> Upper <input type="checkbox"/> Lower	Wire Mesh <input type="checkbox"/> Steel <input type="checkbox"/> Gold Flouride Tray <input type="checkbox"/> Upper <input type="checkbox"/> Lower Bleaching Tray <input type="checkbox"/> Upper <input type="checkbox"/> Lower Special Tray <input type="checkbox"/> Upper <input type="checkbox"/> Lower Bite Block <input type="checkbox"/> Upper <input type="checkbox"/> Lower
	Yamahachi Teeth <input type="checkbox"/> Delphic Teeth <input type="checkbox"/> Ivoclar Teeth <input type="checkbox"/> Rest <input type="checkbox"/> Dentsply Teeth <input type="checkbox"/> Clasp <input type="checkbox"/> <input type="checkbox"/> Try In <input type="checkbox"/> Retry In <input type="checkbox"/> Finish



A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A3.5 <input type="checkbox"/> A4 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4 <input type="checkbox"/>	Shade
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Special Instructions

Ocean Dental Lab. Ltd.  
A Full Service Dental Laboratory

White copy return to Ocean  
Green copy for Doctor

**Kindly Allow 5 Working Days For Delivery**