

Order sheet...../..... 201....



**Deadline**.....

**Impressions taking date**.....

**Doctor:**

**Patient:**

Clinic/Company.....

Name.....

Doctor.....

Age.....

Contact.....

Woman

Man

**Work:**

**Restoration**

**Splint**

**Colour**

Crown  Full anatomic

DentaLine

Bridge  Cut-back

DentaBrux

Cemented  Screw retained

DentaSleep

Individual abutment

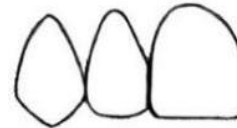
DentaClear

Inlay/Onlay

Essix

Post and core

Surgical Guide



**Material:**

R2Gate

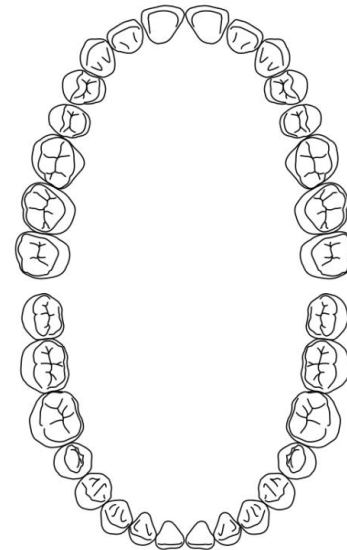
PMMA

Opaque Zirconia

Transparent Zirconia

MultiLayer Zirconia

IPS E.max



**Included with work:**.....

**Information:**.....

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