

VAINAN 3D DENTAL LABORATORY ORDER FORM



VAINAN 3D CARE PVT LTD
Sincere In Efforts Exquisite In Results
Office 4, Chaudhari Plaza, Rajiv Nagar,
Nashik - 422009 **GSTIN 27AAICV8793N1Z6**



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+91 8796181819

CONSULTING DENTIST

Date / /

Dr. _____ Contact No. _____

Patient Name: _____ Age/Sex _____

TYPE OF DENTAL IMPRESSION

☐ PHYSICAL IMPRESSION ☐ PLASTER/STONE MODEL ☐ INTRA ORAL SCAN

TOOTH / TEETH SELECTION

PLEASE ENCIRCLE THE TOOTH / TEETH TO BE RESTORED

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

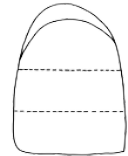
SHADE INFORMATION

☐ TOOTH SHADE _____ ☐ VITA 3D MASTER
☐ VITA CLASSIC ☐ vainan3dlab@gmail.com
☐ Photos (Email or WhtsApp) +91 8796181819

PONTIC TYPE: ☐ RIDGE LAP ☐ MODIFIED RIDGE LAP
☐ OVATE ☐ CONICAL ☐ HYGIENIC

PROSTHESIS DESIGN

CHARACTERISATION



TYPE OF PROSTHETIC TOOTH / TEETH SELECTION

CERAMIC LAYERED/METAL

METAL FREE

IMPLANT

<input type="checkbox"/> 3D METAL FUSION/DMLS	<input type="checkbox"/> ZIRCONIA(MONOLITHIC)	<input type="checkbox"/> COMPANY _____
<input type="checkbox"/> FACING/HALF CERAMIC	<input type="checkbox"/> ZIRCONIA(MULTILAYERD)/ CERAMIC LAYERED COPING)	<input type="checkbox"/> PLATFORM SIZE _____
<input type="checkbox"/> MARYLAND BRIDGE	<input type="checkbox"/> E-MAX	<input type="checkbox"/> SCREW RETAINED
<input type="checkbox"/> FULL METAL CROWN	<input type="checkbox"/> HIPC (HIGH IMPACT POLYMER CROWN)	<input type="checkbox"/> CEMENT RETAINED
<input type="checkbox"/> INLAY/ONLAY/POST		<input type="checkbox"/> MULTI UNIT
		<input type="checkbox"/> TI BASE/TI CYLINDER
		<input type="checkbox"/> PROSTHETIC SCREW PROVIDED <input type="checkbox"/> YES <input type="checkbox"/> NO
IN CASE OF INSUFFICIENT SPACE FOR PROSTHESIS <input type="checkbox"/> ADJUST OPPOSING <input type="checkbox"/> CALL TO DISCUSS		IF YES PLEASE GIVE QUANTITY _____

ANY ADDITIONAL INFORMATION _____

MISCELLANEOUS WORK / EXTRA NOTES

WORKING HOURS Weekdays (10:00 a.m To 6:30 p.m) **Saturday** (10:00 a.m To 12:30 p.m) **Sunday Closed**

After hours please Whatsapp Message only