

Laboratory Order Form



Doctor: \_\_\_\_\_ Cust. Ref: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM  
PATIENT INFORMATION Name: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ Male ☐ Female

RACE DENTAL NZBN 9429041636015  
20-24 Crummer Road, Grey Lynn, Auckland 1021  
T: (09) 887 0327 | www.racedental.co.nz  
E: customersupport@racedental.co.nz

CROWN / BRIDGE

RESTORATION TYPE

- ☐ Crown
- ☐ Bridge
- ☐ Inlay / Onlay
- ☐ Veneer
- ☐ Diagnostic Print

Embrasure

- ☐ Natural ☐ Closed ☐ Open

Occlusal Contact

- ☐ Heavy ☐ Light ☐ Open

Proximal Contact

- ☐ Normal ☐ Broad

Pontic Design

- ☐ Ovate ☐ Ridge Lap ☐ Hygienic
- ☐ Modified Ridge Lap

MATERIAL TYPE

Metal-Free

- ☐ Crystalite™  
(Monolithic Super Translucent Zirconia)
- ☐ Opalite™  
(Monolithic Translucent Zirconia)
- ☐ Zirconia Layered
- ☐ e.max® CAD
- ☐ e.max® Press
- ☐ VITA® Enamic
- ☐ Temporary PMMA

PFM

- ☐ Premium PFM:
  - ☐ Non-Precious (CoCr)
  - ☐ Precious (Yellow Gold)
- ☐ Standard PFM:
  - ☐ Non-Precious (CoCr)
  - ☐ Precious (Yellow Gold)

FGC

- ☐ Full Gold Crown:
  - ☐ Non-Precious (Gold)
  - ☐ Precious (Yellow Gold)
- ☐ Full Metal Crown:
  - ☐ Non-Precious (CoCr)

OCCUSAL STAINING

- ☐ None
- ☐ Light
- ☐ Medium
- ☐ Dark

POST & CORE

- ☐ Post & Core (Only)
- ☐ Post & Crown (Separate)
  - ☐ Non-Precious (CoCr)
  - ☐ Precious (Yellow Gold)

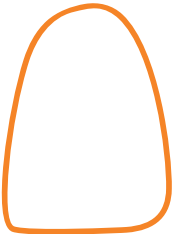
IF INSUFFICIENT ROOM:

- ☐ Reduce opposing & mark model
- ☐ Send back for re-prep
- ☐ Other: \_\_\_\_\_

Basic Shade: \_\_\_\_\_

Stump Shade: \_\_\_\_\_

Tooth Number(s): \_\_\_\_\_



SHADE INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Photos Sent

- ☐ via Race Dental Portal
- ☐ images@racedental.co.nz

IMPLANTS

BRAND: \_\_\_\_\_

PLATFORM SIZE: \_\_\_\_\_

- ☐ Screw Retained
- ☐ Cement Retained

RESTORATION TYPE

- ☐ Crown ☐ Bridge ☐ Splinted

TISSUE COMPRESSION

- ☐ Heavy ☐ Light ☐ None

☐ CUSTOM Ti ABUTMENT

CROWN SHAPE

- ☐ Implant Protected Occlusion
- ☐ Full Body

COMPONENTS

- ☐ Branded
- ☐ Core3D (Free if compatible)  
\*See website for compatibility

SPECIAL INSTRUCTIONS

☐ Turn Over For Additional Instructions

ORTHODONTICS

RETAINER

☐ Upper ☐ Lower

- ☐ Hawley
- ☐ Begg
- ☐ Trutain
- ☐ Spring Hawley
- ☐ Spring Aligner
- ☐ Lingual Arch 3x3
- ☐ Other \_\_\_\_\_

OCCUSAL SPLINTS

- ☐ High Impact
- ☐ Comfort
- ☐ Hard / Soft
- ☐ Hard / Soft with Acrylic
- ☐ Soft
- ☐ Hard / Soft Mini
- ☐ Clear Splint
- ☐ Other \_\_\_\_\_

REMOVABLE

- ☐ Schwartz
- ☐ Sagittal / Schwartz
- ☐ 3D
- ☐ Twin Block
- ☐ Bionator
- ☐ Other \_\_\_\_\_

FIXED

- ☐ Herbst
- ☐ RME (Banded)
- ☐ RME (Acrylic)
- ☐ Superscrew
- ☐ Quad Helix
- ☐ Lingual Arch 6x6
- ☐ Space Maintainer
- ☐ Other \_\_\_\_\_

MISCELLANEOUS

- ☐ Bleaching Tray
- ☐ Snoring Device
- ☐ Junior Race Guard
- ☐ Race Guard Light
- ☐ Race Guard Medium
- ☐ Race Guard Heavy
- Colour** \_\_\_\_\_
- ☐ Other \_\_\_\_\_

CHROME

CHROME CASTING

☐ P/- ☐ -/P

- ☐ Special Tray
- ☐ Frame Only
- ☐ With Wax Bite
- ☐ Separate Wax Bite
- ☐ With Try-in
- ☐ Separate Try-in
- ☐ Finish
- ☐ Titanium Casting
- ☐ Backings / Onlays

Teeth numbers: \_\_\_\_\_

☐ Other \_\_\_\_\_

ACRYLIC

ACRYLIC DENTURE ☐

FLEXIBLE DENTURE ☐

☐ F/- ☐ -/F  
☐ P/- ☐ -/P

- ☐ Special Tray
- ☐ Wax Bite
- ☐ Try-in
- ☐ Finish
- ☐ Other

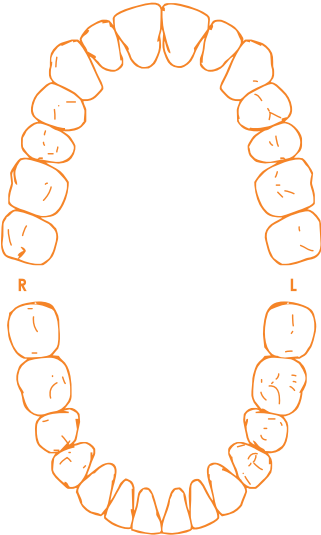
CLASPS

- ☐ Stainless Steel Clasps  
Teeth numbers: \_\_\_\_\_
- ☐ Tooth-Coloured Clasps  
Teeth numbers: \_\_\_\_\_
- ☐ Clear Clasps  
Teeth numbers: \_\_\_\_\_
- ☐ Pink Clasps (Flexible)  
Teeth numbers: \_\_\_\_\_

REPAIRS

☐ F/- ☐ -/F  
☐ P/- ☐ -/P

- ☐ Fracture  
Tooth number: \_\_\_\_\_
- ☐ Addition  
Tooth number: \_\_\_\_\_
- ☐ Imm Exo Addition  
Tooth number: \_\_\_\_\_
- ☐ Clasp (Addition)  
Tooth number: \_\_\_\_\_
- ☐ Strengtheners  
\_\_\_\_\_
- ☐ Other \_\_\_\_\_



DENTURE SHADE:

SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PATIENT APPOINTMENTS

Date 1 \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
Date 2 \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
Date 3 \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Date 4 \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
Date 5 \_\_\_\_\_ Time: \_\_\_\_\_ am/pm  
Date 6 \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

☐ Turn Over For Additional Instructions

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Date received: \_\_\_\_\_

impression	model	bite	tray	
articulator	teeth	wax try-in	c/c	
key	wax up	articulator box	ortho appliance	
crown	splint	denture	veneer	
implant h/w		broken model		
CD	photo	die		