Halo DENTAL ART LABORATORY LTD

Lab Ticket

45 Kelvin Rd N, Cumbernauld,
Glasgow G67 2BD, United Kingdom
TEL: +44 1236 455011
Email: halodentalart@gmail.com

Practice Information

Prescribing Practice: _____ Practice Address: _____

Prescribing Doctor: _____ _____

Patient Information

Patient´s Name: _____ M/F: _____ Age: _____

Request Details

Type of Work | Day of Request: | Date job required by*:

Private _____ Allow 1 week in lab for Thermoformed / Allow 2 weeks in lab for everything else

Shade

Shade consultation: ☐ Shade _____ Stump Shade: _____

Alloy

Precious alloy: ☐ Non-Precious alloy: ☐

Charting (check affected pieces)

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

Additional Requests

Patient literature: ☐ Prescription forms: ☐

Case instructions

Requests

Implants

Custom abutment e.max® crown	☐	Custom abutment e.max® bridge	☐
Custom cad/cam tiatnium abutment	☐	Zirconia Bridge implant	☐
Silicone soft tissue	☐	Jig	☐

Crowns

Porcelain Bonded Crown	☐
Zirconia Crown	☐
e.max® Porcelain Crown	☐
Temporary Crown	☐
Composite Crown	☐
Gold shell	☐

Bridges

Porcelain Bonded Bridge	☐
Zirconia Bridge	☐
e.max® Ceramic Bridge	☐
Temporary Bridge	☐
Maryland Bridge (pontic and wing)	☐

Veneers

e.max® Ceramic Veneer	☐
Composite Veneer	☐
Porcelain Veneer	☐

Inlay/Onlay

e.max® Inlay/Onlay	☐
Composite Inlay	☐
Zirconia Inlay /Onlay	☐
Gold Inlay	☐

Thermoformed Appliances

Bleaching tray	☐
Soft Splint	☐
Hard Splint	☐
5mm Sports guard	☐
Colour:	

Post and Core

Post and Core	☐

Other

Diagnostic Wax-up	☐
Articulation	☐

Lab use ONLY

Job Number: _____

Approved for manufacture by: _____

Date received: _____

Alloy: _____

Weight: _____

Price: _____

Impression inspection:

Pass ☐ Doubt ☐ Fail ☐

Enclosures

Digital file	☐
Rubber Base	☐
Alginate	☐
Bite registration	☐
Study Models	☐
Photo	☐
Parapost	☐

Approved for release by _____

Date _____