

SOUTHMAN DENTAL LAB

Flat No. 310, West Wing, 3rd Floor, SVSS Nivas, Street No. 1,

Czech Colony, Sanath Nagar, Hyderabad - 500 018.

Contact : 9989001234, 9502001234, 7036001234, 040-23816662, 23716663

WORK ORDER FORM

No. _____

Date: _____

Doctor Name: _____ Patient Name _____

Hospital Name: _____ Age _____ Sex _____

Doctor Mail ID: _____ Shade: _____

Case Design : _____

Work Details:			
<input type="checkbox"/> Tanzadent CubeX ²	<input type="checkbox"/> Screw Retained Tanzadent	<input type="checkbox"/> 3MLava Premium	<input type="checkbox"/> ti-Ceram
<input type="checkbox"/> Tanzadent Zirconia Premium	<input type="checkbox"/> Screw Retained 3MI Lava	<input type="checkbox"/> 3MLava Classic	<input type="checkbox"/> MLS (Laser Sintered PFM)
<input type="checkbox"/> Tanzadent Zirconia Basic	<input type="checkbox"/> Screw Retained Zenostar	<input type="checkbox"/> Ivoclar Zenostar	<input type="checkbox"/> Ivoclar Design PFM
<input type="checkbox"/> Tanzadent Premium Veneers	<input type="checkbox"/> Screw Retained Titanium	<input type="checkbox"/> Zenotec	<input type="checkbox"/> Ivoclar Classic PFM
	<input type="checkbox"/> Screw Retained MLS	<input type="checkbox"/> Zenostar MO	

Pontic Design:	Finishing Instructions:		Multiple Crown:
<input type="checkbox"/> Ridgelap	<input type="checkbox"/> Metal Trail	<input type="checkbox"/> Layering Crown	<input type="checkbox"/> Individual
<input type="checkbox"/> Modified Ridgelap	<input type="checkbox"/> Coping Trail	<input type="checkbox"/> Full Contour	<input type="checkbox"/> Connected
<input type="checkbox"/> Sanitary	<input type="checkbox"/> Bisque Trail		
	<input type="checkbox"/> Direct Finish		

Additional Details: _____

Expected Date: _____

Doctor's Signature