

Quality Control Inspection Sheet

(for laboratory use only)

Office:

Contract reviewed and order accepted, subject to sight of positive model:

Signed: _____ Date: _____

Model Department:

Impression inspected and models constructed by:

Signed: _____ Date: _____

Metalwork Department:

Model inspected, and metalwork first stage constructed by:

Signed: _____ Date: _____

Metalwork first stage inspected, and second stage constructed by:

Signed: _____ Date: _____

Ceramic Department:

Model and/or metalwork inspected, and ceramic work constructed by:

Signed: _____ Date: _____

Final Inspection

All stages inspected by:

Signed: _____ Date: _____

Telephone Concessions or Special Instructions:

Signed: _____ Date: _____

Complete Crown & Bridge

Specialist Dental Laboratory

Unit 1E North's Estate, Piddington,
High Wycombe, Bucks HP14 3BE.

t. 01494 883277

e. completecrownandbridge@gmail.com

www.completecrownandbridge.co.uk

Date:

Job No:

Surgeon &
Address:

Patient:

Date Required:

NHS Independent Private

Precious Metal Non-Precious Metal

Enclosures:

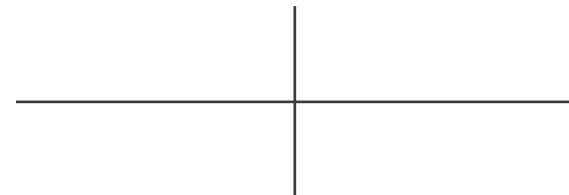
Rubber Squash Bite

Alginate Models

Restoration Articulator

Other (please specify) _____

Vita Shade:
(Classical or 3D)



FULL METAL OR PORCELAIN BONDED RESTORATIONS:

Yellow Gold Crown (60%)	<input type="checkbox"/>	Yellow Gold Inlay (60%)	<input type="checkbox"/>
White Gold Crown	<input type="checkbox"/>	White Gold Inlay	<input type="checkbox"/>
Post & Core	<input type="checkbox"/>	Integral Post & Core	<input type="checkbox"/>
Porcelain Bonded Crown	<input type="checkbox"/>	Porcelain Bonded Bridge	<input type="checkbox"/>
Maryland Bridge	<input type="checkbox"/>		

STRAUMANN CAD/CAM RESTORATIONS:



Zerion Zirconia Crown	<input type="checkbox"/>	Zerion Zirconia Bridge	<input type="checkbox"/>
E.Max CAD Crown	<input type="checkbox"/>	E.Max CAD Inlay/Veneer	<input type="checkbox"/>
Acrylic Temporary Crown	<input type="checkbox"/>	Acrylic Temporary Bridge	<input type="checkbox"/>

METAL FREE RESTORATIONS:

E.Max Crown (Pressed)	<input type="checkbox"/>	E.Max Inlay/Onlay (Pressed)	<input type="checkbox"/>
E.Max Veneer (Pressed)	<input type="checkbox"/>		
Gradia Crown	<input type="checkbox"/>	Gradia Inlay/Onlay	<input type="checkbox"/>
Porcelain Veneer	<input type="checkbox"/>		

IMPLANT RESTORATIONS:

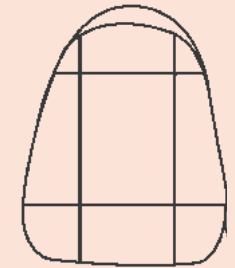
Screw Retained Crown	<input type="checkbox"/>	Screw Retained Bridge	<input type="checkbox"/>
Cement Retained Crown	<input type="checkbox"/>	Cement Retained Bridge	<input type="checkbox"/>
Implant Bar	<input type="checkbox"/>	Surgical Stent	<input type="checkbox"/>
Transfer Tray	<input type="checkbox"/>	Ridge Mapping Model	<input type="checkbox"/>
Diagnostic Wax Up	<input type="checkbox"/>		

PROSTHETIC SERVICE:

F/F Denture	<input type="checkbox"/>	F/- or -/F Denture	<input type="checkbox"/>
P/- or -/P Denture	<input type="checkbox"/>	P/- or -/P Co Cr	<input type="checkbox"/>

CASE INSTRUCTIONS:

Please give as much information as possible to enable us to get a clear idea of what is required with regards to shading, staining, crack lines, etc.



ADDITIONAL NOTES:

(please include details of implants placed, etc.)