



A division of Middle East Dental Laboratory

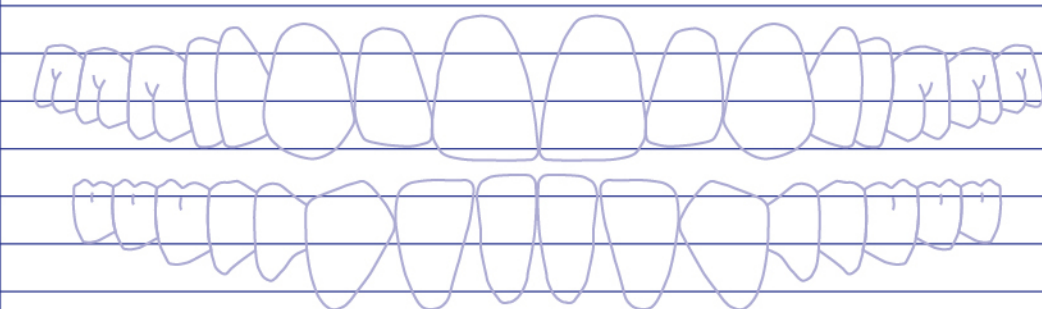
Case No.	
Date in	

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Dentist :				Try in _____ day _____ / _____ Time _____  Unglazed _____ day _____ / _____ Time _____  Finished in _____ day _____ / _____ Time _____  Technicians Note CDT _____
Clinic :				
Mobile :				
Email :				
Patient :				
Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Stump Shade	Shade	
Further Treatment Plan				

Work Description  Call me (before proceeding)  CDT informed .....



Select your MDent Smile

Anatomy

Texture

Translucency

Layering

- Zirconium
- All Ceramic/Lithium disilicate
- Non precious
- Semi precious
- Yellow gold

Full anatomy (Solid)

- Multi-layered Zirconium solid
- Zircon solid
- All Ceramic/Lithium disilicate solid
- Non precious
- Semi precious
- Yellow gold
- Composite

Follow Shape and color

- Wax up
- Study/pre op model
- Shading in lab
- Color of sent sample
- Color of sent photo
- Smile design

Have you included ?

- Impression
- Bite index
- Opposing
- Bitestick
- Facebow reg

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