

技工指示書

Clinic _____

Dr. _____

Name _____

Patient Code _____

age _____

♂ • ♀

Order date _____

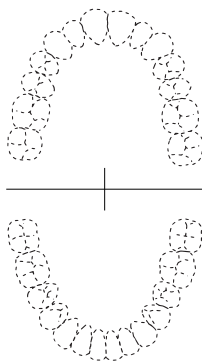
月 日

try ☐ Set ☐

月 日

Delivery date _____

月 日



Material _____

◦ Provisional ☐

◦ Empress ☐

◦ e.max Press ☐

◦ e.max CAD ☐

◦ ZirPress ☐

◦ CAD on ☐

◦ ZirCAD (corping) ☐

◦ ZirCAD (framework) ☐

◦ Implant abutment

(Zir-meso ☐

e.max CAD ☐

◦ Implant abutment Cr

e.max CAD ☐

Characterising _____

◦ Graze ☐

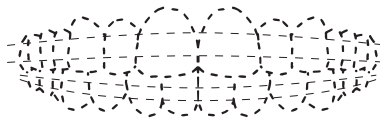
◦ Stain ☐

◦ layering ☐

◦ Cutback ☐

Shede _____

Region _____



Indication

No. _____

REP. _____