JIVSMART
dental Laboratory

Clinic Name:
Doctor Name:
Patient Name:
Age: **Sex:** ☐ **Male** ☐ **Female**
Send Date:
Due Date: **Time:** :

ATTACHED: ☐ **Impressions** ☐ **Bite** ☐ **Implant Parts** ☐ **Photos**
☐ **Digital Scan (.STL)**

☐ Zirconia
☐ Emax
☐ Temporary

☐ Veneer
☐ Crown
☐ Inlay / Onlay
☐ Maryland Bridge
☐ Post & Core

Implant
☐ Screw Retained
☐ Cemented
☐ Bar Over Implant

Others
☐ Hard Night Guard ____ mm
☐ Soft Night Guard ____ mm
☐ Bleaching Trays ____ mm
☐ Study model
☐ Wax Up ____ units

Right (18–11)				Left (21–28)			
☐ 14	☐ 13	☐ 12	☐ 11	☐ 21	☐ 22	☐ 23	☐ 24
☐ 18	☐ 17	☐ 16	☐ 15	☐ 25	☐ 26	☐ 27	☐ 28

Right (48–41)				Left (31–38)			
☐ 44	☐ 43	☐ 42	☐ 41	☐ 31	☐ 32	☐ 33	☐ 34
☐ 48	☐ 47	☐ 46	☐ 45	☐ 35	☐ 36	☐ 37	☐ 38

CLINICAL NOTES & SPECIAL INSTRUCTIONS

Dubai : Sheikha Noora Tower, 4th Floor, Office 406, Al Barsha (PO Box: 117537)
Phone: +971 50 280 8408 Landline: +971 4 449 7217 E-mail: jivsmartdubai@gmail.com