



BIOART
Creative Dental Technicians

BIOART DENTAL AUSTRALIA P/L
ACN 078 740 315 ABN 99 627 813 153

Level 1, 30 Seddon Street
Ivanhoe Victoria 3079

Telephone 03 9499 4445
Facsimile 03 9499 4446
Email smile@bioartdental.com.au
www.bioartdental.com.au



Dentist _____
SURNAME GIVEN NAMES

Client _____
SURNAME GIVEN NAMES

Age **20's** **30's** **40's** **50's** **60+** Male/Female

Date _____

Date Required _____

Time Required _____ am/pm

Client's Specific Requirements

Case Description/Shade:



Preparation Details

- | | | | |
|---------------|--------------------------|-----------------------|--------------------------|
| Equigingival | <input type="checkbox"/> | Cosmo Post/Core | <input type="checkbox"/> |
| Subgingival | <input type="checkbox"/> | Composite post/core | <input type="checkbox"/> |
| Supragingival | <input type="checkbox"/> | White gold post/core | <input type="checkbox"/> |
| Vital | <input type="checkbox"/> | Yellow gold post/core | <input type="checkbox"/> |
| Non Vital | <input type="checkbox"/> | Others | <input type="checkbox"/> |

Check List

- | | | | | | |
|---------------------|----------------------------|----------------------------|---------------------|----------------------------|----------------------------|
| Alginate Impression | U <input type="checkbox"/> | L <input type="checkbox"/> | Special Tray | U <input type="checkbox"/> | L <input type="checkbox"/> |
| Articulator | | <input type="checkbox"/> | Silicone Impression | U <input type="checkbox"/> | L <input type="checkbox"/> |
| Base Plates | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | Silicone Key | | <input type="checkbox"/> |
| Diagnostic Wax-up | U <input type="checkbox"/> | L <input type="checkbox"/> | Study Model | U <input type="checkbox"/> | L <input type="checkbox"/> |
| Registration | | <input type="checkbox"/> | Working Dies | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| Rubber Impression | U <input type="checkbox"/> | L <input type="checkbox"/> | Working Model | U <input type="checkbox"/> | L <input type="checkbox"/> |
| Implant Components | | <input type="checkbox"/> | Crowns | | <input type="checkbox"/> |
| Photographic Image | | <input type="checkbox"/> | Shade | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| | | | Others | | <input type="checkbox"/> |