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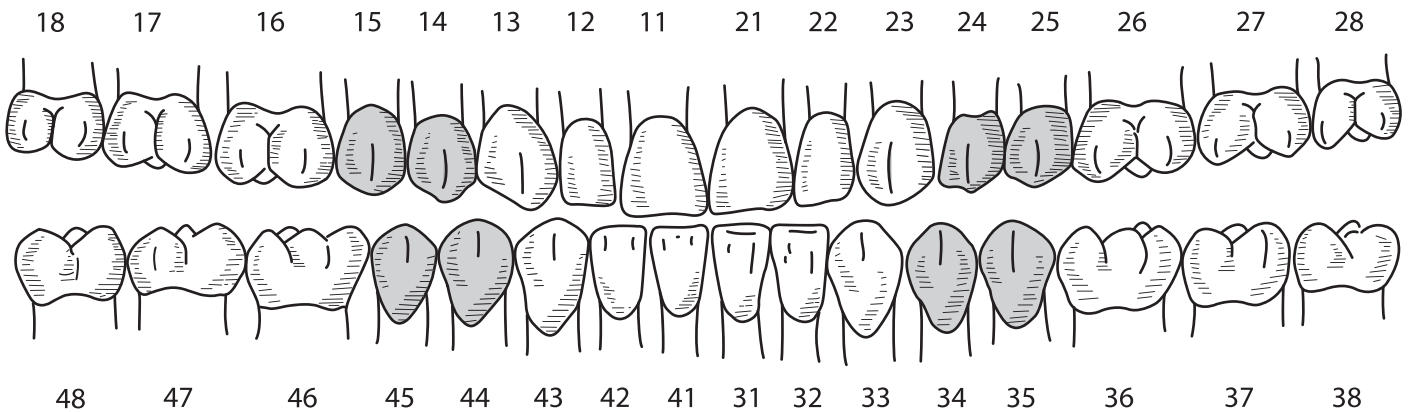
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## Order Form

Dentist: \_\_\_\_\_ Practice: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Age: \_\_\_\_\_ Stump Shade: \_\_\_\_\_ Shade: \_\_\_\_\_

### Instructions



<b>Empress®:</b>	<input type="checkbox"/> Inlay	<input type="checkbox"/> Onlay	<input type="checkbox"/> Crown	
<b>Zirconia:</b>	<input type="checkbox"/> Crown	<input type="checkbox"/> Bridge	<input type="checkbox"/> Inlay / Onlay	<input type="checkbox"/> Implant Abutment
<b>PFM:</b>	<input type="checkbox"/> Crown	<input type="checkbox"/> Bridge	<input type="checkbox"/> Semi-fixed Bridge	
<b>Full Gold:</b>	<input type="checkbox"/> Crown	<input type="checkbox"/> Inlay / Onlay	<input type="checkbox"/> Post	
<b>Margin:</b>	<input type="checkbox"/> Porcelain	<input type="checkbox"/> Knife-edge	<input type="checkbox"/> Fine Metal	
<b>e.max®:</b>	<input type="checkbox"/> Inlay	<input type="checkbox"/> Onlay	<input type="checkbox"/> Crown	<input type="checkbox"/> Glazed

Important Case Notes:

Try in Date: \_\_\_\_\_ Time: \_\_\_\_\_ Practice: \_\_\_\_\_

Finish Date: \_\_\_\_\_ Time: \_\_\_\_\_ Practice: \_\_\_\_\_