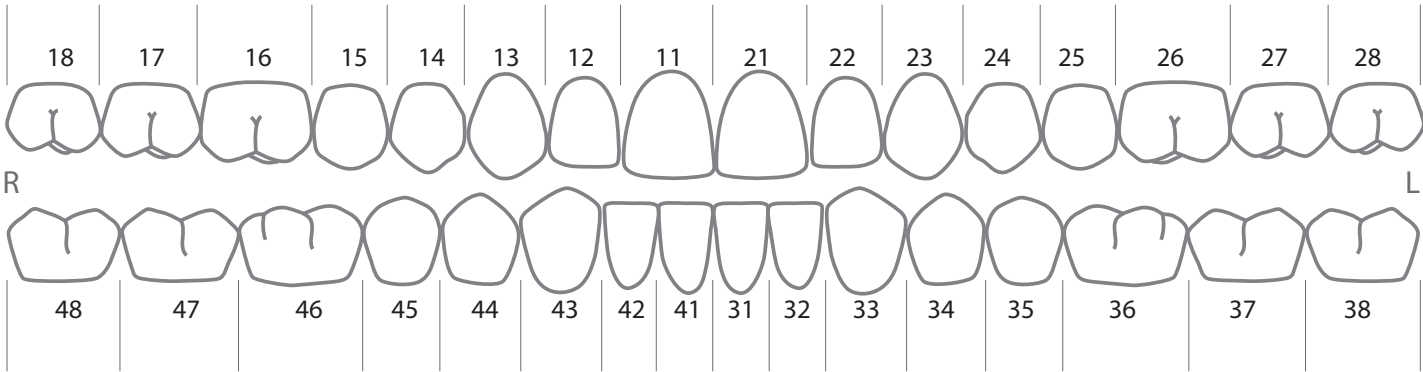


| | | | |
|--------------|----------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dentallabor: | Patient: | Farbe: | Versandart: <input type="checkbox"/> Standard 3,90 Euro <input type="checkbox"/> Express vor 12:00 9,90 Euro <input type="checkbox"/> Express vor 10:30 17,90 Euro <input type="checkbox"/> Selbstabholung |
|--------------|----------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Leistung: Gerüst Vollanatomisch Sekundärteleskop Primärteleskop Grad: ___°
 Indiv. Abutment 1-Teilig Titan Indiv. Abutment 2-Teilig Zirkon (auf Titanbasis) Verschraubte Krone glasiert

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Brückengliedgestaltung: <input type="checkbox"/> Tangential <input type="checkbox"/> Sattelform <input type="checkbox"/> Schwebeglied <input type="checkbox"/> Wurzelpontic <input type="checkbox"/> Brückenglied auf Gingiva aufliegend | Gerüstgestaltung: * Standard <input type="checkbox"/> vestibulär <input type="checkbox"/> okklusal <input type="checkbox"/> Mindestmaß <input type="checkbox"/> Girlande oral <input type="checkbox"/> höckerunterstützend* |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Kronengestaltung: <input type="checkbox"/> einzeln <input type="checkbox"/> verblockt | Geschiebe: <input type="checkbox"/> Trennungsgeschiebe <input type="checkbox"/> Geschiebe mesial <input type="checkbox"/> Geschiebe distal | Okklusalkontakt: <input type="checkbox"/> keinen <input type="checkbox"/> leicht <input type="checkbox"/> stark | Approximalkontakt: <input type="checkbox"/> leicht <input type="checkbox"/> stark |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Material: <input type="checkbox"/> Zirkon opaque <input type="checkbox"/> Zirkon hochtransluzent <input type="checkbox"/> Cubic X ² ® <input type="checkbox"/> Cube ONE® (1000mPa) <input type="checkbox"/> KATANA® ML <input type="checkbox"/> STML <input type="checkbox"/> UTML <input type="checkbox"/> IPS e.max CAD® <input type="checkbox"/> Kristallisationsbrand <input type="checkbox"/> Hybridkeramik <input type="checkbox"/> unverschliffen <input type="checkbox"/> CoCr gefräst <input type="checkbox"/> CoCr Laser Melting | Sonstige: <input type="checkbox"/> PMMA zahnfarbend <input type="checkbox"/> Langzeit PMMA mit Farbverlauf <input type="checkbox"/> Aufbisschienen (Glasklar) <input type="checkbox"/> UK <input type="checkbox"/> OK <input type="checkbox"/> Wachs |
| Implantatsysteme: | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Angeliefert: <input type="checkbox"/> Präparationsmodell <input type="checkbox"/> Situationsmodell <input type="checkbox"/> Antagonistenmodell <input type="checkbox"/> Biss <input type="checkbox"/> Sonstiges: _____ <input type="checkbox"/> Zahnfleischmaske | Bemerkung: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

Datum: _____ Unterschrift: _____