

ZI Eselborn - Lentzweiler
 18 Op der Sang
 9779 Eselborn - Luxembourg
 tél. +352 26 64 04 1
 fax +352 26 64 04 44
 www.simeda-medical.com
 info@simeda-medical.com

Dental Lab (Address / Stamp):	
Delivery address:	
Customer number:	
Name of the Dentist:	
Name of the Patient:	

Order Form

Shipping Date: _____

PRODUCTS		Zirconia	Titanium	CoCr sintered	CoCr milled	PMMA	Burnable Resin
<i>Copings and Bridges</i>	Single(s) Crown(s) (coping)						
	Connected Crowns						
	Telescopic Crown(s)						
	Bridge(s)						
<i>Special works</i>	Inlay(s), Onlay(s)						
	Inlay or Maryland Bridge						
<i>Abutment(s)</i>							
<i>Implant Bridge(s)</i>							
<i>Bar(s) / Suprastructure(s):</i>							

Colour: _____

Scan adapter/locator: _____
 (Implant: mark / type / size)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

c: cap, b: bridge, i: implant, •: attachment + glissière, -: bar, tk: telescopic, a: anatomical

Additional Information	Implants:	
	Mark:	
	Type:	
	Size:	
		Simeda Code:

Provided Material

Model(s) (number)	Wax-up	Antagonist model(s)	Checkbite(s) (number)	Provided Screw(s)
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Provided Files

Double Scan (model + wax-up)	Production Files
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Shipping Way: TNT Post

Delivery Date wished: _____

Order confirmation:

(Date, Signature) _____