



TWINS DIGITAL DENTAL LAB & SUPPLY SDN. BHD.

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Dr's Name: _____ Clinic Address: _____ Clinic Name : _____ Date Send: _____

Patient's Name: _____ Age: _____ Male Female Contact No : _____ Date Required: _____

| Processing Items | | | | Coping Design | | Tooth position: | | |
|--|--|--|--|--|---|--|-----------------------------------|--|
| Crown & Bridge | <input type="checkbox"/> Implant | <input type="checkbox"/> IPS e.max | Implant System | | <input type="checkbox"/> No Metal Margin | 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 | | |
| | <input type="checkbox"/> All on 4 | <input type="checkbox"/> Layered Zirconia | <input type="checkbox"/> Osstem | <input type="checkbox"/> Strauman | | <input type="checkbox"/> 360° Full Ceramic Collar | 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 | |
| Denture | <input type="checkbox"/> Composite | <input type="checkbox"/> Full Zirconia | <input type="checkbox"/> Dentium Superline | <input type="checkbox"/> Bicon | <input type="checkbox"/> Labial Full Ceramic Collar | Shade: _____ <input type="checkbox"/> Vita classical <input type="checkbox"/> Vita pan <input type="checkbox"/> Ivoclar Other _____ Quantity: _____ Special Instructions (Please write on White Page) | | |
| | <input type="checkbox"/> Maryland Bridge | <input type="checkbox"/> Inlay/ Onlay/ Veneer | <input type="checkbox"/> Astra | <input type="checkbox"/> Zimmer | <input type="checkbox"/> Metal Lingual Collar | | | |
| | <input type="checkbox"/> 3D PFM (Ni Free) | <input type="checkbox"/> Semi-Precious | <input type="checkbox"/> Nobel Biocare | <input type="checkbox"/> 3i | <input type="checkbox"/> 3/4 Metal Occlusal | | | |
| | <input type="checkbox"/> Yellow Gold 50% | <input type="checkbox"/> Yellow Gold 74% | <input type="checkbox"/> Ankyloss/xive | <input type="checkbox"/> ICX | <input type="checkbox"/> Full Metal Occlusal | | | |
| | <input type="checkbox"/> Diagnostic Wax-up | <input type="checkbox"/> Full Metal (3D) | <input type="checkbox"/> BEGO | <input type="checkbox"/> SPI | <input type="checkbox"/> 360° Metal Collar | | | |
| | <input type="checkbox"/> Screw Retain 1 Piece | | | | <input type="checkbox"/> Cemented | | | |
| | <input type="checkbox"/> Screw Retain Separated | | | | <input type="checkbox"/> Cad/Cam Ti Abutment | | | |
| | <input type="checkbox"/> Cad/Cam Zr Abutment | | | | <input type="checkbox"/> Cad/Cam Zr Abutment | | | |
| | | | | Pontic Design | | | | |
| <input type="checkbox"/> Special Tray | <input type="checkbox"/> Bite Block | <input type="checkbox"/> Yamahachi Teeth | <input type="checkbox"/> Huge Teeth | <input type="checkbox"/> Contact Point | <input type="checkbox"/> Contact Area | | | |
| <input type="checkbox"/> Valplast Flexible Denture | <input type="checkbox"/> Thermosens Flexible Denture | <input type="checkbox"/> Acrylic Denture | <input type="checkbox"/> Immediate Denture | Teeth Gap | | Staining Diagram | | |
| <input type="checkbox"/> Chrome Cobalt Framework | <input type="checkbox"/> Vatalium Framework | <input type="checkbox"/> Pure Titanium Framework | <input type="checkbox"/> Transparent Framework | <input type="checkbox"/> No Gap | <input type="checkbox"/> Little Gap | | | <input type="checkbox"/> Big Gap |
| <input type="checkbox"/> Wire Clasp | <input type="checkbox"/> Wire Mesh | <input type="checkbox"/> Flexible Clasp | <input type="checkbox"/> Transparent Clasp | Occlusal Contact | | Heavy Contact Light Contact No Contact | | |
| Orthodontic | | | | Teeth Gap | | | | Heavy Contact Light Contact No Contact |
| <input type="checkbox"/> Hard Night guard | <input type="checkbox"/> Soft Night guard | <input type="checkbox"/> Hard Outer Soft Inner Night Guard | <input type="checkbox"/> Snore guard | Occlusal Contact | | Heavy Contact Light Contact No Contact | | |
| <input type="checkbox"/> Hawley Retainer | <input type="checkbox"/> Begg Retainer | <input type="checkbox"/> Essix Retainer | <input type="checkbox"/> Space Maintainer | <input type="checkbox"/> Heavy Contact | <input type="checkbox"/> Light Contact | | | <input type="checkbox"/> No Contact |
| <input type="checkbox"/> Quick Expander | <input type="checkbox"/> TPA | <input type="checkbox"/> Anterior/Posterior Bite Plate | <input type="checkbox"/> Others | Teeth Gap | | Heavy Contact Light Contact No Contact | | |
| Precision Attachments | | | | Teeth Gap | | | | Heavy Contact Light Contact No Contact |
| <input type="checkbox"/> Keyway | <input type="checkbox"/> SLOT | <input type="checkbox"/> Telescopic Inner Coping | <input type="checkbox"/> Telescopic Outer Coping | Occlusal Contact | | Heavy Contact Light Contact No Contact | | |
| <input type="checkbox"/> Ball-cap | <input type="checkbox"/> Easy-ball | <input type="checkbox"/> ERA | <input type="checkbox"/> MK-1 | Teeth Gap | | | | Heavy Contact Light Contact No Contact |
| Enclosed With Case | | | | Staining Diagram | | Heavy Contact Light Contact No Contact | | |
| <input type="checkbox"/> Upper/lower model | <input type="checkbox"/> Tray | <input type="checkbox"/> Wax bite | | Staining Diagram | | | | Heavy Contact Light Contact No Contact |
| <input type="checkbox"/> Study model | <input type="checkbox"/> Articulator | <input type="checkbox"/> Shade teeth | | Staining Diagram | | Heavy Contact Light Contact No Contact | | |
| Addition Item | | | | Staining Diagram | | | | Heavy Contact Light Contact No Contact |
| <input type="checkbox"/> 3D Scanner Services | <input type="checkbox"/> 3D Digital Model Print | | | Staining Diagram | | Heavy Contact Light Contact No Contact | | |
| <input type="checkbox"/> Try in | <input type="checkbox"/> Retry in | <input type="checkbox"/> Finish | | | Staining Diagram | | | Heavy Contact Light Contact No Contact |

***White & Green Copies return to Twins digital Dental Lab, Yellow Copy (Last Page) For Doctor (First Page is White)