Surgeon / Practice: _____   NHS ☐   Private ☐

Patient Name / ID: _____

Date / Time required: _____
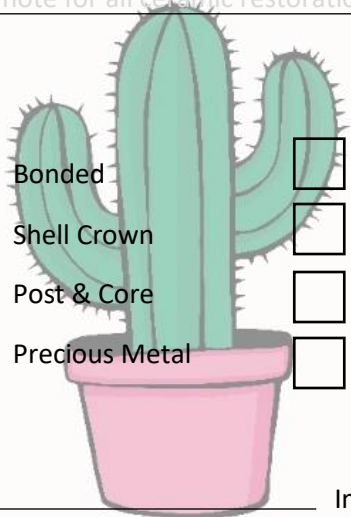
Shade Requirements: _____

Core / Prep Shade: *please note for all ceramic restorations*

Materials

Zirconia Anterior 750mpa	☐	Bonded	☐	SLM Cobalt Chrome (NP)	☐
Zirconia HT+ 1250mpa	☐	Shell Crown	☐	PMMA/Temporaries	☐
Zirconia ST Multilayer 850mpa	☐	Post & Core	☐	Gradia Composite	☐
CAD EMax 380mpa	☐	Precious Metal	☐	CAD/Wax Diagnostic	☐

Implant Restorations

Implant Brand: _____   Implant Size / Diameter: _____

Screw Retained ☐   Cement Retained ☐   Model Free (intra-oral scan cases only) ☐

Other Instructions: _____

_____

_____

_____

To be completed by Cactus only

cactus case:

Route	Completed by:
Date rec:	
Enclosed materials:	
Approved for processing	
Images rec / date:	
Date sterilised:	
Models/Dies approved for manufacture	
Approved for release	
Fit checked to 2no models / Final inspection	
Case notes:	

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see website for our registered details