



master dental
services
dental laboratory

Laboratory Tracking Form

In Lab Shade:

Technician:

Components provided by client with case:

Components provided by MDS:

Notes from Dentist:

Dentist	
Patient	
Received	
Due	
Job Description	
Shade	
Implant details	

OFFICE USE ONLY

Job Scanned		
Block Used		
Ready to Mill		
Printed		

OFFICE USE ONLY

Process stage	Details		Quality control
Model fabrication	☐ Study cast ☐ Master model 1-2 ☐ Master model 3-5	☐ Master model 6-14 ☐ Implant master model ☐ 3DPrint	
Die Trimming	☐ Trim coping		
Scanning	☐ Scanned by:		
Design	☐ Designed by:		
Milling	☐ Completed and coping prepared by:		
Finished Restoration	☐ Shade ☐ Anatomy ☐ Contact Points	☐ Occlusion ☐ Seating ☐ Margins	
Invoicing	☐ Confirm all lab sheets and notes uploaded into Invoice		
Packaging and Courier booking	☐ Shipping Label Printed ☐ Models and restoration packaged.	Shipped: _____ Tracking: _____	
Additional chargeable items			Invoice Amount \$