K 33001

AURUM CERAMIC DENTAL LABORATORIES CO.

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10, 1710 ELLIS STREET, KELOWNA, BC, CANADA V1Y 2B5

DATE _____

DOCTOR _____

ADDRESS _____

TELEPHONE ( ) _____

DATE REQUIRED: _____

PATIENT'S NAME: _____
(PLEASE PRINT)

_____

Rx _____ K 33001

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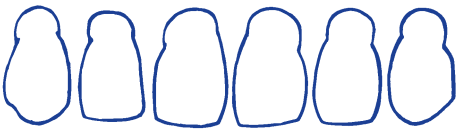
PLEASE INDICATE CASE REQUIREMENTS BELOW

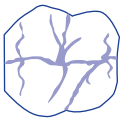
A.	METAL	GOLD	☐	SEMI-PREC. (NOBLE)	☐	NON-PREC.	☐
B.	OCCLUSION	METAL	☐	PORCELAIN	☐		
C.	CENTRIC CONTACT	FOIL RELIEF	☐	POSITIVE CONTACT	☐	CUSP FOSSA	☐
D.	LATERAL EXCURSION	CUSPID GUIDANCE	☐	GROUP FUNCTION	☐		
E.	MARGIN ADAPTATION	EXACTLY TO FINISH LINE	☐	SLIGHT OVEREXTENSION	☐		
F.	LABIAL MARGIN	FINE METAL COLLAR	☐	PORCELAIN TO MARGIN	☐	PORCELAIN BUTT MARGIN	☐

G.	PONTIC DESIGN	1. HARMONY ☐	2. CONE ☐	3. HYGENIC ☐	4. RIDGELAP ☐	5. OVATE PONTIC ☐ ___mm
H.	CONTACTS (EMBRASSURES)	1. BROAD ☐	2. NORMAL ☐	3. POINT ☐		

I. SURFACE TEXTURE ☐ SMOOTH ☐ MEDIUM ☐ HEAVY

J. SHADE _____





96.667 (REV 08/08)