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**ERAMIC**  
**DENTAL LABORATORIES CO.**

UNIT 201, 3002 - 32ND AVENUE, VERNON, BC, CANADA V1T 2L7

DATE \_\_\_\_\_

DOCTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

DATE REQUIRED: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_  
(PLEASE PRINT)

R


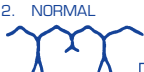

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\_\_\_\_\_

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<br> | 2. CONE<br> | 3. HYGENIC<br> | 4. RIDGELAP<br> | 5. OVATE PONTIC<br> |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> _____mm   |

- H. CONTACTS (EMBRASSURES)
- |   |  |   |
|---|--|---|
| 1. BROAD<br> | 2. NORMAL<br> | 3. POINT<br> |
| <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |

- I. SURFACE TEXTURE                       SMOOTH                       MEDIUM                       HEAVY

J. SHADE \_\_\_\_\_

