

AURUM



CERAMIC

DENTAL LABORATORIES CO.

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VI 000000

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Dr. _____

DATE REQUIRED: _____

PATIENT'S NAME: _____
(PLEASE PRINT)




Rx _____

VI 000000

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
 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> ____mm |

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

- I. SURFACE TEXTURE SMOOTH MEDIUM HEAVY

J. SHADE _____

