

C 564001



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115 - 17TH AVENUE SW, CALGARY, AB, CANADA T2S 0A1

DATE _____
 DOCTOR _____
 ADDRESS _____
 TELEPHONE () _____

DATE REQUIRED: _____

PATIENT'S NAME: _____
 (PLEASE PRINT)

R _____ **C 564001**

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 _____

