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Fax (250) 542-2172

Dr. _____

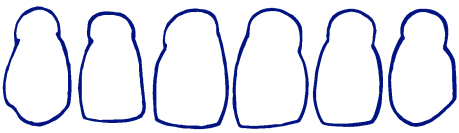
DR'S TIME: _____

PATIENT'S NAME: _____

℞ _____

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 ☐
H.	CONTACTS (EMBRASSURES)	1. BROAD ☐	2. NORMAL ☐	3. POINT ☐	

I. SHADE _____