



K 042101

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Dr. _____

TELEPHONE () _____ DATE _____

PATIENT _____
 (PLEASE PRINT)

RETURN DATE RETOUR _____

R _____ **K 042101**

CHECK COCHER

| | | | | | |
|--------------------------|--|--|---|--|--|
| METAL: | GOLD OR <input type="checkbox"/> | SEMI-PREC. <input type="checkbox"/> | NON-PREC. <input type="checkbox"/> | | |
| OCLUSION: | METAL <input type="checkbox"/> | PORCELAINE <input type="checkbox"/> | | | |
| CENTRIC CONTACT: CENTRAL | FOIL RELIEF SOULAGEMENT <input type="checkbox"/> | POSITIVE POSITIF <input type="checkbox"/> | CUSP FOSSA <input type="checkbox"/> | | |
| LATERAL EXCURSION: | CUSPID GUIDE CANINE <input type="checkbox"/> | GROUP FUNCTION GROUPE <input type="checkbox"/> | | | |
| MARGIN ADAPTATION: MARGE | EXACT (E) <input type="checkbox"/> | EXTENSION <input type="checkbox"/> | | | |
| MARGIN (LABIAL) MARGE | METAL <input type="checkbox"/> | PORCELAINE BUTT-JOINT <input type="checkbox"/> | METAL <input type="checkbox"/> NON-VISIBLE | | |
| PONTIC PONTIQUE | 1. HARMONY HARMONIE <input type="checkbox"/> | 2. CONE <input type="checkbox"/> | 3. HYGENIC HYGENIQUE <input type="checkbox"/> | 4. RIDGELAP ENROULE <input type="checkbox"/> | 5. OVATE <input type="checkbox"/> ____mm |
| | CONTACTS EMBRASSURES | | | | |
| | | 1. BROAD LARGE <input type="checkbox"/> | 2. NORMAL NORMAL <input type="checkbox"/> | 3. POINT POINT <input type="checkbox"/> | |

TEXTURE SMOOTH/LISSE MEDIUM HEAVY/RUGUEUX

SHADE COULEUR _____

