



THE AURUM GROUP®

Calgary _____

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Doctor _____ RX Date _____

Address _____

Phone _____ Phone (other) _____

Email _____

Patient Name _____ Age _____ Sex _____

Due Date _____ Time _____

Rx

PLEASE INDICATE CASE REQUIREMENTS BELOW

- A) ZIRCONIA OPALITE® BASIC AURUM ESTHETIC ZR MULTI®
- B) METAL GOLD SEMI-PREC. (NOBLE) NON-PREC.
- C) OCCLUSION METAL PORCELAIN
- D) CENTRIC CONTACT FOIL RELIEF POSITIVE CONTACT CUSP FOSSA
- E) LATERAL EXCURSION CUSPID GUIDANCE GROUP FUNCTION
- F) MARGIN ADAPTATION EXACTLY TO FINISH LINE SLIGHT OVEREXTENSION
- G) LABIAL MARGIN FINE METAL COLLAR PORCELAIN TO MARGIN PORCELAIN BUTT MARGIN

H) PONTIC DESIGN	1. HARMONY	2. CONE	3. HYGENIC	4. RIDGELAP

I) CONTACTLESS (EMBRASSURES)	1. BROAD	2. NORMAL	3. POINT

J) SHADE _____

