



THE  
**AURUM**  
GROUP®

**Kelowna** \_\_\_\_\_

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EMAIL: aurumkel@aurumgroup.com

#10-1710 Ellis Street, Kelowna, BC, V1Y2B5

Doctor \_\_\_\_\_ RX Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone (other) \_\_\_\_\_

Email \_\_\_\_\_

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Due Date \_\_\_\_\_ Time \_\_\_\_\_

**Rx**

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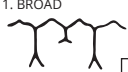

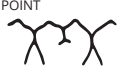
**PLEASE INDICATE CASE REQUIREMENTS BELOW**

- 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 
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I) CONTACTLESS (EMBRASSURES)

1. BROAD 	2. NORMAL 	3. POINT 
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J) SHADE \_\_\_\_\_

