



# AURUM DENTAL CENTER™

Moncton

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TOLL FREE: 1-800-665-4123  
EMAIL: hubdental@aurumgroup.com

380 George Street, Moncton NB E1C 1X2

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

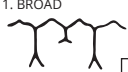

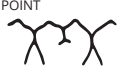
# Rx

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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
	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

I) CONTACTLESS (EMBRASSURES)	1. BROAD	2. NORMAL	3. POINT
	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

J) SHADE \_\_\_\_\_

