



AURUM
CLASSIC™

Ottawa _____

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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
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I) CONTACTLESS (EMBRASSURES)

1. BROAD 	2. NORMAL 	3. POINT
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J) SHADE _____

