DENTAL TECHNOLOGY Ltd
skycad

7136 11 ST NE #205 Calgary, AB T2E 4Y9
office: 403.919.9700
email: info@skycadtech.com

Digital Precision, Handcrafted Detail

DOCTOR _____
(please print)

DATE SENT _____ DATE WANTED _____

CLINIC NAME _____

ADDRESS _____

PATIENT'S NAME _____ TELEPHONE _____

Please send X-ray files and shade information to

info@skycadtech.com

PLEASE SEND SUPPLIES

- ☐ RX SHEETS
- ☐ PLASTIC BAGS
- ☐ SHIPPING WAYBILLS

FIXED PROSTHETICS

TYPE OF CROWN:
☐ Full Metal ☐ PFM ☐ Post and Core
☐ IPS e.max® ☐ Zirconia (PFZ) ☐ Full Zirconia
☐ Acrylic Temporary ☐ UCLA ☐ ZBLC

CUSTOM IMPLANT ☐ Titanium ☐ Zirconia

ABUTMENT: ☐ Brand _____ ☐ Colouring Anodizer

FULL METAL ALLOY: ☐ White Non-Precious ☐ Yellow Low Gold ☐ Yellow High Gold

OCCLUSION: ☐ Metal ☐ Porcelain ☐ Combination

LABIAL MARGIN: ☐ Metal ☐ Combination ☐ Porcelain Butt

OCCLUSAL CONTACT: ☐ Positive ☐ Foil Relief # of Foils _____

CONTACTS: ☐ ☐ ☐

PONTIC DESIGN: ☐ ☐ ☐ ☐

GINGIVAL PRESSURE:

☐ Surgical Placement ☐ Tissue Displacement ☐ No Tissue Displacement

EMERGENCE PROFILE w/ GINGIVAL EMBRASURE:

☐ Closed Embrasure ☐ Moderate Embrasure ☐ Large Embrasure

SHADE: _____

STUMP SHADE: _____

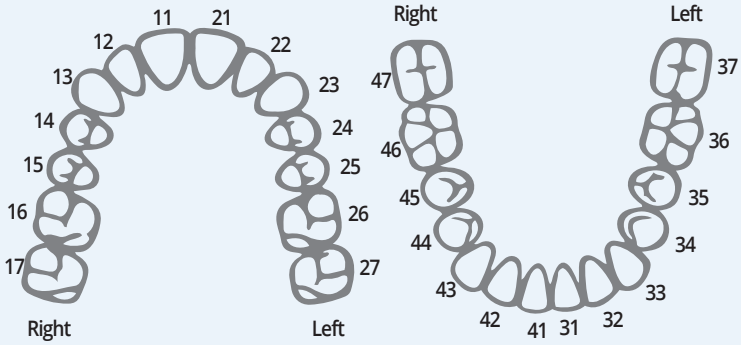
REMOVABLE PROSTHETICS

TYPE OF DENTURE:
☐ Cast Metal Partial ☐ Titanium Milled Partial ☐ Acrylic Partial
☐ Valplast® Partial ☐ Complete Denture
☐ Over Denture ☐ Implant Denture

PROCEDURE:
☐ Bite Block ☐ Custom Tray
☐ Frame Try-in ☐ Setup Try-in
☐ Acrylic Finish ☐ Valplast® Finish
☐ Reline ☐ Rebase ☐ Repair

TEETH:
☐ Acrylic Premium ☐ Acrylic Economy ☐ Porcelain
☐ Shade _____ ☐ Mold _____ ☐ Type _____

DESIGN:



SPECIAL INSTRUCTIONS: _____

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DOCTOR'S SIGNATURE: _____