

DOCTOR _____
(please print)

DATE SENT _____ DATE WANTED _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

PATIENT'S NAME _____ AGE _____

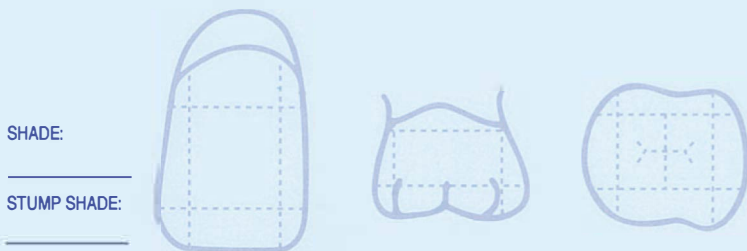
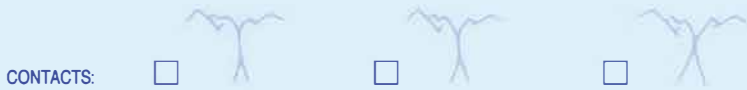
PUROLATOR #4380182

PLEASE SEND SUPPLIES:

- RX SHEETS SHIPPING WAYBILLS
 PLASTIC BAGS

FIXED PROSTHETICS

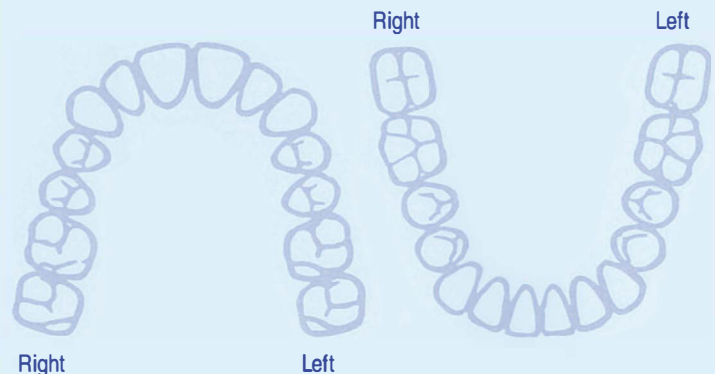
- TYPE OF CROWN: Full Metal Porcelain to Metal Post and Core
 IPS e.max® Zirconia Full Zirconia
 Acrylic Temporary Implant Ucla
- CUSTOM IMPLANT Titanium Zirconia
- ABUTMENT: Brand _____ Colouring Anodizer
- FULL METAL ALLOY: White Non-Precious Yellow Low Gold Yellow High Gold
- CERAMIC ALLOY: White Non-Precious White Low Gold White Yellow Gold
 Yellow High Gold
- OCCLUSION: Metal Porcelain Combination
- LABIAL MARGIN: Metal Combination Porcelain Butt
- OCCLUSAL CONTACT: Positive Foil Relief # of Foils _____



REMOVABLE PROSTHETICS

- TYPE OF DENTURE: Cast Metal Partial Acrylic Partial
 Valplast® Partial Valplast®/ Cast Metal 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:

DOCTOR'S SIGNATURE: _____