

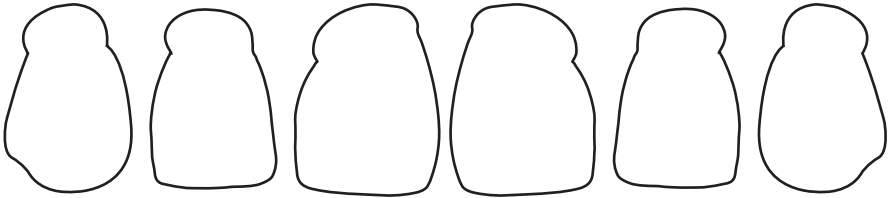


#112 7015 Macleod Trail SW, Calgary, AB T2H 2K6  
 Tel) 403-252-2388  
 Send photo by email to style153dentallab@gmail.com

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Patient: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date & Time Wanted by: \_\_\_\_\_

- Full Zirconia     High Trans Full Zirconia     Layered Zirconia     PFM  
 Emax     Full Gold     Wax-up     Temporary Restoration  
 Styleveneer     Lisi-poz     Lisi-pom  
 Implant:     Screw Retained     Cement Retained

R<sub>x</sub>\_



SHADE \_\_\_\_\_ STUMP \_\_\_\_\_

OCCLUSAL STAINING     None     Light     Medium     Dark  
 IF INSUFFICIENT CLEARANCE     Reduce Prep     Reduce Opposing  
     Reduce Both     Please Call

- |                      |  |  |
|----------------------|--|--|
| A. ALLOY             | <input type="checkbox"/> High Gold           | <input type="checkbox"/> Semi Precious         |
| B. OCCLUSION         | <input type="checkbox"/> Gold                | <input type="checkbox"/> Porcelain             |
| C. CENTRIC CONTACT   | <input type="checkbox"/> Positive Contact    | <input type="checkbox"/> Light Positive        |
|                      | <input type="checkbox"/> Foil Relief         | <input type="checkbox"/> Out of Occlusion      |
| D. LATERAL EXCURSION | <input type="checkbox"/> Cuspid Guidance     | <input type="checkbox"/> Group Function        |
| E. LABIAL MARGIN     | <input type="checkbox"/> Fine Gold Collar    | <input type="checkbox"/> Porcelain Butt Margin |
|                      | <input type="checkbox"/> Porcelain to Margin | <input type="checkbox"/> Porcelain to Margin   |
| F. CONTACT           | <input type="checkbox"/> Normal              | <input type="checkbox"/> Broad                 |
|                      | <input type="checkbox"/> Point               |  |
| G. PONTIC DESIGN     | <input type="checkbox"/> Harmony             | <input type="checkbox"/> Cone                  |
|                      | <input type="checkbox"/> Hygenic             | <input type="checkbox"/> Ovate                 |
|                      | <input type="checkbox"/> Ridgelap            |  |

Doctor's Signature \_\_\_\_\_