LABORATOIRE DENTAIRE PC

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*Indicates Required Field

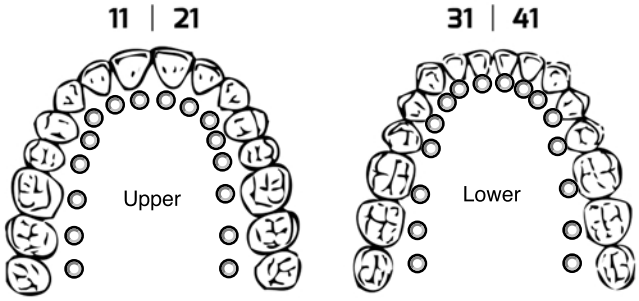
Dr*: Practice:
Date*: Email:
City*: Phone*:
Province/State*: Postal/Zip*:

Included Items
- ☐ Photos
- ☐ Diag Wax Up
- ☐ Shade Tab
- ☐ Pre-op
- ☐ Implant Analog
- ☐ Prev. Restoration

Patient*: Age: Male ○ Female ○
Due*: Time*: Attn: Call Dr. ☐

Final Shade* ☐

Tooth #(s)*



Removable
Try-in ○ Immediate ○ Finish ○

Denture Teeth
Standard ○ Portrait ○
Other: ○
☐

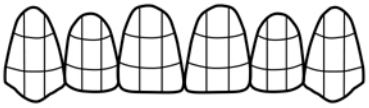
Partial Denture
Framework
Cast Framework ○ Acetal ○ Acrylic ○

Design Upper
- ○ Palatal Strap
- ○ Horseshoe

Design Lower
- ○ Lingual Bar
- ○ Lingual Plate

Bite Guard
Thermoplastic ○ Rigid ○ Hybrid ○ Sport ○

Shading



Pontic

All-Ceramics
PFZ ○ FZC ○
EMAX PRESS ○ EMAX CAD ○

Porcelain Fused-to-Metal
Non-Precious ○ Semi-Precious ○
Porc. Margin ○

Full-Cast
Non-precious Gold

If NO Occlusal Clearance
Metal Occl. ○ Spot Oppos. ○
Call Dr. ○ Foil Occl. ○

Contacts
Light ○ Normal ○ Tight ○

Occlusal Staining:
None ○ Light ○ Med. ○ Dark ○

Implant Reference
Company _____
Size _____
- ○ Abutment Included
- ○ Stock
- ○ Custom:

Titanium ○ Gold-Shaded Titanium ○ Zirconia ○

Instructions

Signature*: License #:

Send Additional Supplies - Rx Pads Mailing Labels Boxes