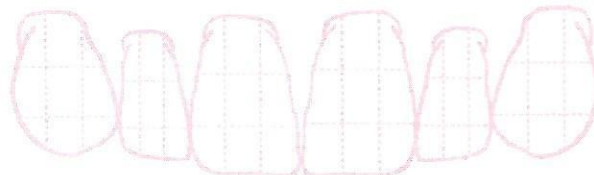


Patient \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**E.MAX      ZIRCONIA      METAL**

- Layered     Layered     Porcelain Fused to Metal  
 Monolithic     Full Contour     Full Gold







**OCCLUSION:**

- Anterior:  Metal                       Porcelain  
 Posterior:  Metal / Zirconia     Porcelain     Metal / Zirconia Island

**BUCCAL / LABIAL MARGIN:**

- Porcelain Butt     Metal Collar     Porc. / Metal

**PONTIC DESIGN:**

1. Modified Ridgelaip <input type="checkbox"/> 	2. Cone <input type="checkbox"/> 	3. Hygienic <input type="checkbox"/> 	4. Ridgelaip <input type="checkbox"/> 
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SHADE(S): \_\_\_\_\_  
 theshaderoom@shaw.ca

**DENTURES / PARTIALS**

- Denture     Partial

Shade \_\_\_\_\_ Mould \_\_\_\_\_

Dr. \_\_\_\_\_

Address \_\_\_\_\_

Date Required: Month \_\_\_\_\_ Day \_\_\_\_\_ Hour \_\_\_\_\_

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

