

Peace Country Dental Studio Inc.

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Date: _____

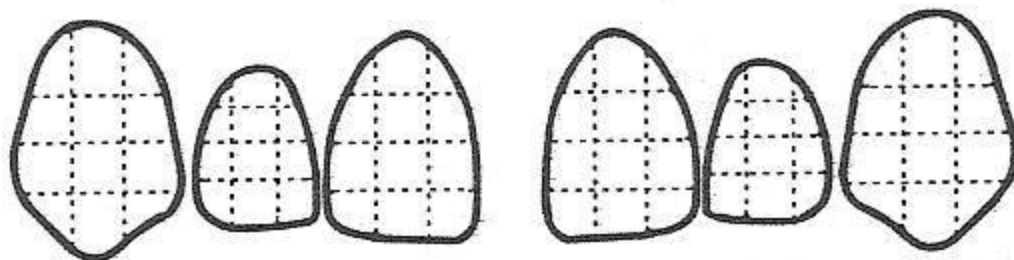
Doctor: _____

Patient: _____ Age: _____ Male Female

Date Required: _____ AM PM

- Restoration:** P.F.M Crown Gold Crown Zirconia
 E-max[®] (Empress) Other
- A. Metal Yellow High Noble Alloy White (semi) High Noble Alloy Other
- B. Occlusion Metal Porcelain Metal Island
- C. Labial (Buccal) Margin Porcelain Butt Margin Porcelain to Margin Fine Metal Collar
- D. Lingual Margin Porcelain to Margin Fine Metal Collar
- E. Occlusal Contact Foil Relief Extra Foil Relief Cusp Fossa Centric contact
- F. Pontic Design Harmony Ridge Lap Hygienic Cone

R



Shade: _____ Doctor's Signature: _____

Occlusal Stain: None Light Medium Dark

-Lab Use Only-

Impression Opposing (Impression) Opposing (Model) Bite Study Model Other

Check In Signature: _____ Check Out Signature: _____