



# Pointe-Claire Dental Laboratory

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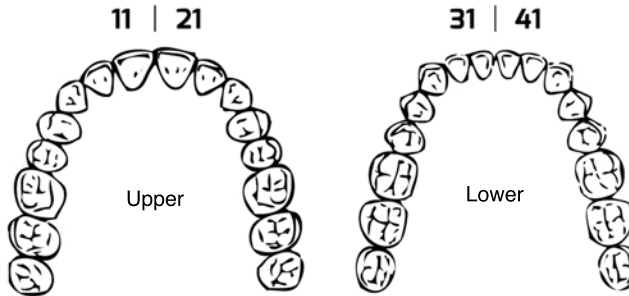
**\*Indicates Required Field**

Dr*:	Practice:	<b>Included Items</b> Photos Diag Wax Up Shade Tab Pre-op Implant Analog Prev. Restoration
Date*:	Email:	
City*:	Phone*:	
Province/State*:	Postal/Zip*:	

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

Final Shade\*

**Tooth #(s)\***



**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

**Removable**  
Try-in Immediate Finish

**Denture Teeth**  
Standard Portrait

Other:

**Partial Denture Framework**

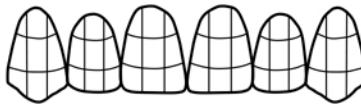
- Cast Framework Acetal Acrylic

- |                     |                     |
|---------------------|---------------------|
| <b>Design Upper</b> | <b>Design Lower</b> |
| Palatal Strap       | Lingual Bar         |
| Horseshoe           | Lingual Plate       |

**Bite Guard**

- Thermoplastic Rigid Hybrid Sport

**Shading**



**Pontic**



**Instructions**

Signature\*:

License #: