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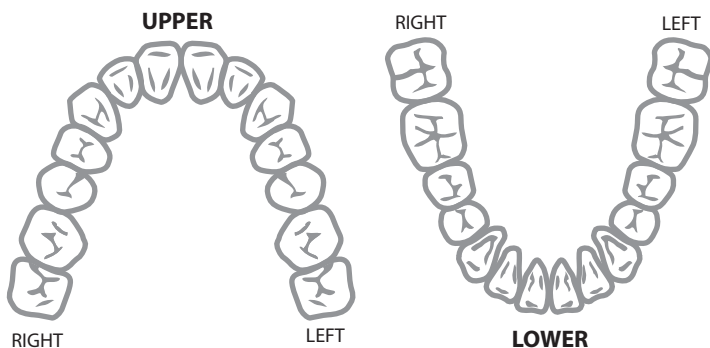
www.orthodont.ca

Dr. _____ Date _____

Address _____

Patient _____ Age _____

Date Wanted _____ Time _____



OFFICE USE ONLY

Rec'd _____ Packed _____

Prep _____ Q/C _____

Precious ☐	Semi-Precious ☐	Non-Precious ☐	
Centric Contact	Foil Relief ☐	Positive Contact ☐	Cusp Fossa ☐
Lateral Excursion	Cuspid Guidance ☐	Group Function ☐	
Margin Adaptation	Exactly To Finish Line ☐	Slight Overextension ☐	
Labial Margin	Fine Gold Collar ☐	Porcelain Butt Margin ☐	Porcelain To Margin ☐
Pontic Design	Harmony  ☐	Cone  ☐	Hygenic  ☐
			Ridgelap  ☐
Contact (Embossures)	Broad  ☐	Normal  ☐	Point  ☐

SPECIAL SHADE SELECTION



INSTRUCTIONS Please use reverse if necessary

Signature _____