



205-190 MacLaren St.  
 Ottawa, Ontario • K2P 0L6  
**Tel: 613.233-1551** • Fax: 613.233-1932  
 Toll Free / Sans Frais 1-877-425-3368  
[www.dentacraft.ca](http://www.dentacraft.ca)

Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_ Date Required \_\_\_\_\_

Address	PLEASE DO NOT
Case Requirements	APPOINT PATIENT
	ON DUE DATE

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Metal Design	Lingual metal expose Full porcelain coverag (collarless)	Pontic Design Modified Ridgelaç	Cone	Hygienic	Ridgelaç
Alloy	_____				
Occlusion	Metal Porcelain	Contacts (Embrassures)	Point	Normal	Broad
Centric Contact	Foil relief Positive Contact Cusp Fossa				
Lateral Excursion	Cuspid guidance Group function	Shade _____ Show detail on revers			
Margin Adaptation	Exactly to finish line Slight overextensio	Occlusal Stain			
Labial Margin	Fine metal margir Porcelain to margir Porcelain butt margir				
Tooth Vitality	Vital Non-vital	Doctor's Signature _____			

In order to serve you better, please don't forget: • Finish or try-in date.  
 • Opposing impression or model. • Accurate rigid bite registration. Thank You



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