fairmont
DENTAL LAB
#100-5349 Imperial Street
Burnaby, BC V5J 1E5
Tel / Fax : 604-875-6055

Date : 20

Doctor :

Patient Information : O Male O Female Age

Name :

WE NEED MORE :
- ☐ RX SHEETS
- ☐ PLASTIC BAGS

Return Date : MONTH:

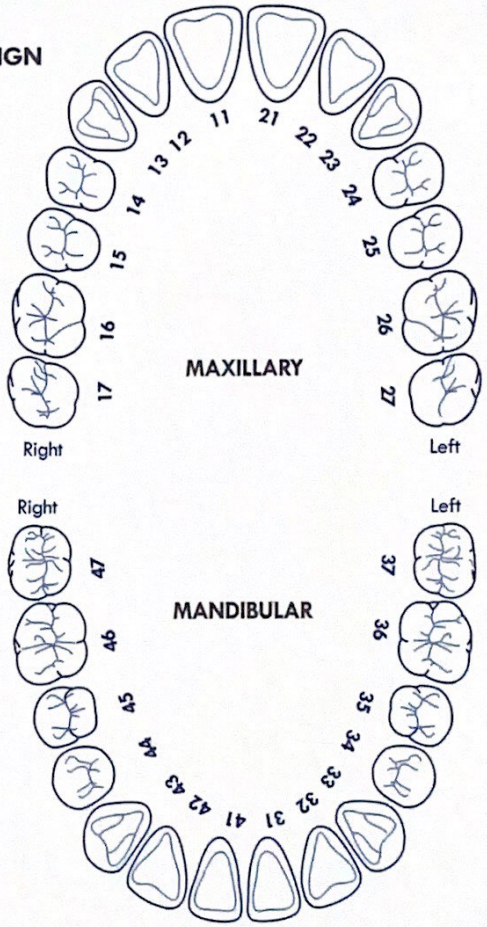
DAY:	☐ MONDAY	☐ TUESDAY	☐ WEDNESDAY	☐ THURSDAY	☐ FRIDAY
DATE:					

Please Sign DOCTOR'S SIGNATURE

SPECIAL INSTRUCTIONS

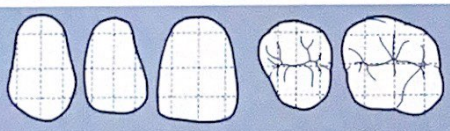
☐ PLEASE PHONE ME CONCERNING THIS CASE

DESIGN



FIXED PROSTHETICS

SHADE



#

TYPE OF CROWN
- ☐ Full Metal ☐ 3/4 Crown Onlay ☐ P.F.M
- ☐ IPS Empress ☐ IPS E-Max ☐ Tescera
- ☐ Veneer ☐ Zirconia ☐ Cristobal+

FULL METAL ALLOY
- ☐ Yellow High Gold ☐ Yellow Low Gold ☐ White Non-precious

CERAMIC ALLOY
- ☐ Yellow High Gold ☐ White High Gold ☐ White Low Gold
- ☐ White Non-precious

OCCLUSION
- ☐ Porcelain ☐ Combination

LABIAL MARGIN
- ☐ Metal ☐ Combination ☐ Porcelain Butt

OCCLUSAL
- ☐ Positive ☐ Foil Relief ☐ # of Foils

INTER PROXIMAL CONTACT

☐ Normal ☐ Broad ☐ Point

Contact Tightness: ☐ Normal ☐ Tight

PONTIC DESIGN

☐ Modified ☐ Ridgelap ☐ Cone ☐ Hygenic

REMOVABLE PROSTHETICS

TYPE OF DENTURE
- ☐ Cast Partial ☐ Acrylic Partial ☐ Complete Denture
- ☐ Over Denture ☐ Immediate Denture ☐ Valplast

PROCEDURE
- ☐ Night Guard ☐ Hard or ☐ Thermal
- ☐ Custom Tray ☐ Bite Block
- ☐ Frame Try-in ☐ Set-up Try-in ☐ Finish
- ☐ Reline ☐ Rebase ☐ Repair

TEETH

Shade

Mould

WHITE - LABORATORY COPY YELLOW - DOCTOR'S COPY