

FOR OFFICE USE ONLY

PICK UP LOCATION



FOR OFFICE USE ONLY

FLAT RATE
By check the box customer agrees with B&T is at rate.

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DR. _____ DATE: _____ / _____ / _____
Month Date Year

PATIENT'S NAME: _____
First name (Please print clearly) Last name (Please print clearly)

DUE DATE: _____

TIME DUE: _____ AM
_____ PM

GENDER : MALE FEMALE VIGOROUS SOFT AGE : _____

(Please check the one(s) that apply)

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TYPE OF MATERIAL

PFM FGC ESTHETIC EMPRESS E-MAX EMPRESS E-MAX ZIRCONIA PROCERA ORTHO DENTURE

INSTRUCTIONS

*** SPECIFIC CHART ***

IF NO OCCLUSAL CLEARANCE
 REDUCING COPING ADJUST OPPOSING METAL ISLAND METAL OCCUSION

CENTRIC CONTACTS
 FOIL RELIEF CUSP TO FOSSA POSITIVE

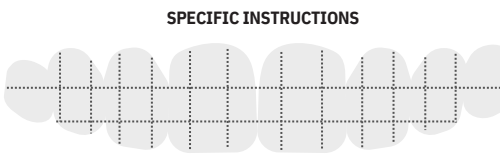
EMBRASURES CONTACTS
 NORMAL POINT BROAD

SPECIFIC INSTRUCTIONS
 RETURN MARGIN TRIM METAL FRAME TRY-IN TEMPORARY CROWN

DENTAL IMPLANTS
 PARTS SUPPLIED BY DOCTOR EASY ABUTMENT NOBEL DIRECT

(Please check the one(s) that apply)

RETURN FOR DIE TRIM DIAGNOSTIC WAX-UP
 CALL ME (*** BEFORE PROCEEDING WITH CASE ***)



SURFACE ANATOMY

H HEAVY
M MEDIUM
S SMOOTH

HAVE YOU INCLUDE THE FOLLOWING!
 BITE REGISTRATION
 OPPOSING
 MODEL

MOLD OF CROWN
 MATCH EXISTING
 MAKE IDEAL
 FOLLOW STUDY MODEL / WAXUP

PLEASE SEND MORE:
 BAGS
 PRESCRIPTION PADS

INCISAL TRANSLUCENCY: HEAVY MEDIUM LIGHT NONE

LENGTH OF CENTRALS: _____ mm (FROM CERVICAL MARGIN)

PONTIC DESIGN

HYGIENIC 	RIDGE LAP 	TEAR DROP 	SADDLE
W	FOR LAB USE MT	P	F

SHADE

GINGIVAL	BODY	INCISAL
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STUMP SHADE

VERTICAL INDEX:

ANTERIOR: _____ mm (CE3 TO CE3) **POSTERIOR:** _____ mm (CE3 TO CE3)

METAL PREFERENCE

Base Metal (*non-precious*)
 Semi-Precious
 Gold

OCCLUSION

Metal
 Porcelain

BUCCAL MARGIN

Metal Collar on Buccal (____ mm)
 Combination
 Porcelain Butt Margin / 360

FOR LAB USE ONLY

M
T
B

Dentist's Signature (Mandatory)

IMPRESSION RECEIVED

Margin unclear: _____
 Insufficient of occlusion clearance: _____
 Under cut: _____
 Distortion on the impression: _____

MEMO