

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

CLINIC LOCATION: _____

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

DUE DATE: _____

TIME DUE: _____ AM
_____ PM

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GENDER: MALE FEMALE VIGOROUS SOFT AGE: _____

(Please check the one(s) that apply)

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

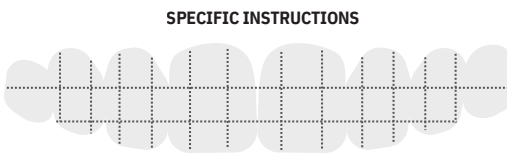
DENTAL IMPLANTS

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

HEAVY **HAVE YOU INCLUDE THE FOLLOWING!**

MEDIUM BITE REGISTRATION

SMOOTH OPPOSING

MODEL

MOLD OF CROWN

MATCH EXISTING PLEASE SEND MORE:

MAKE IDEAL BAGS

FOLLOW STUDY MODEL / WAXUP 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** P F

MT

SHADE

GINGIVAL **BODY** **INCISAL**

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