Peace Country Dental Studio Inc.

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Date: _____

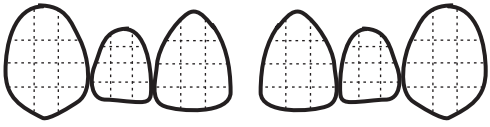
Doctor: _____

Patient: _____ Age: _____ ☐ Male ☐ Female

Date Required: _____ ☐ AM ☐ PM

Restoration:	☐ P.F.M	☐ F.G.C	☐ E-max®(Veneer)
	☐ Zirconia (HT+Multilayer)	☐ Implant (PFM or Zirconia)	☐ Lab to decide
A. Metal	☐ Yellow Gold (for FGC) (40% Au or 2% Au)	☐ White Noble (for PFM)	☐ Other
B. Occlusion	☐ Metal	☐ Porcelain	☐ Metal Island
C. Labial (Buccal) Margin	☐ Porcelain Butt Margin	☐ Porcelain to Margin	☐ Fine Metal Collar
D. Lingual Margin	☐ Porcelain to Margin	☐ Fine Metal Collar	
E. Occlusal Contact	☐ Extra Foil Relief	☐ Foil Relief	☐ Cusp Fossa ☐ Centric contact
F. Pontic Design	☐ Harmony	☐ Ridge Lap	
	☐ Hygienic	☐ Cone	

℞



Shade: _____ **Doctor's Signature:** _____

Occlusal Stain: ☐ None ☐ Light ☐ Medium ☐ Dark

- Lab Use Only -

☐ Impression ☐ Opposing (Impression) ☐ Opposing (Model) ☐ Bite ☐ Study Model ☐ Other

Check In Signature: _____ Check Out Signature: _____