



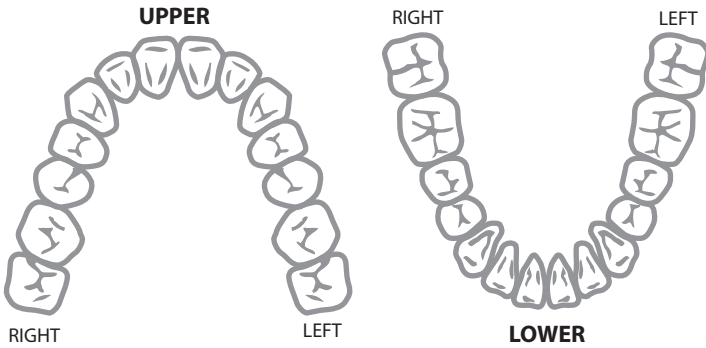
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 info@orthodont.ca
 www.orthodont.ca

Dr. _____ Date _____

Address _____

Patient _____ Age _____

Date Wanted _____ Time _____



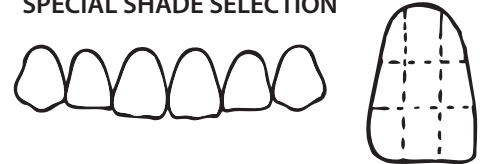
OFFICE USE ONLY

Rec'd _____ Packed _____

Prep _____ Q/C _____

Precious <input type="checkbox"/>	Semi-Precious <input type="checkbox"/>	Non-Precious <input type="checkbox"/>	
Centric Contact	Foil Relief <input type="checkbox"/>	Positive Contact <input type="checkbox"/>	Cusp Fossa <input type="checkbox"/>
Lateral Excursion	Cuspid Guidance <input type="checkbox"/>	Group Function <input type="checkbox"/>	
Margin Adaptation	Exactly To Finish Line <input type="checkbox"/>	Slight Overextension <input type="checkbox"/>	
Labial Margin	Fine Gold Collar <input type="checkbox"/>	Porcelain Butt Margin <input type="checkbox"/>	Porcelain To Margin <input type="checkbox"/>
Pontic Design	Harmony	Cone	Hygenic
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ridgelap		
	<input type="checkbox"/>		
Contact (Embossures)	Broad	Normal	Point
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL SHADE SELECTION



INSTRUCTIONS *Please use reverse if necessary*

Signature _____