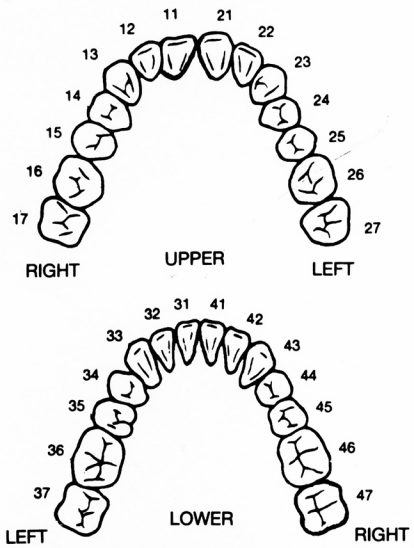
DESIGN CASE HERE

PERMANENT DENTITION

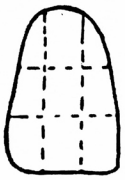
IV



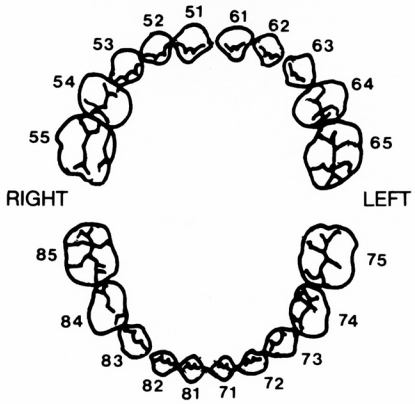
PLEASE INDICATE REQUIREMENTS BELOW

A.	CENTRIC CONTACT	1. FOIL RELIEF ☐	2. POSITIVE CONTACT ☐	3. CUSP FOSSA ☐	
B.	LATERAL EXCURSION	1. CUSPID GUIDANCE ☐	2. GROUP FUNCTION ☐		
C.	MARGIN ADAPTATION	1. EXACTLY TO FINISH LINE ☐	2. SLIGHT OVEREXTENSION ☐		
D.	LABIAL MARGIN	1. FINE GOLD COLLAR ☐	2. PORCELAIN BUTT MARGIN ☐	3. PORCELAIN TO MARGIN ☐	
E.	PONTIC DESIGN	1. HARMONY ☐	2. CONE ☐	3. HYGENIC ☐	4. RIDGELAP ☐
F.	CONTACTS (EMBRASSURES)	1. BROAD ☐	2. NORMAL ☐	3. POINT ☐	

SPECIAL SHADE SELECTION



DECIDUOUS DENTITION



92 Bowers Ave,
Runnemede, NJ
08078

PHONE: 1 800 697-5666
FAX: 1 856 939-5669

I FROM: Date Prepared: _____

Dr.: _____ Identification Number: _____

Address: _____ Sex: M ☐ F ☐

City and Province: _____ Age: _____

Phone: _____ Patient's Name: _____ Given Name: _____

Type of Restoration: _____

Try-In ☐ Date Required: _____ Time Wanted: _____ a.m.☐ p.m.☐

Finish ☐ Date Required: _____ Time Wanted: _____ a.m.☐ p.m.☐

II

MOULD & SHADE SPECIFICATION

Anteriors Porcelain ☐ Plastic ☐ Shade _____ Mould _____

Posteriors Porcelain ☐ Plastic ☐ Shade _____ Mould _____

Rational ☐ Functional ☐ Twenty Degree (20°) ☐ Thirty-Three Degree (33°) ☐

Brand of teeth to be used: _____

FACIAL CHARACTERISTICS

Check Basic Face Form

Square ☐ Square Tapering ☐ Tapering ☐ Ovoid ☐

Check Facial Asymmetry

Dominant Right Side ☐ Dominant Left Side ☐

Male ☐ Female ☐ Vigorous ☐ Soft ☐

Special Materials & Alloys	
Precious	
Semi-Precious	
Non-Precious	

Special Techniques & Attachments	

III **PRECISE INSTRUCTIONS PLEASE** _____

Professional's Signature _____