

# S K Dental Ceramic Studio Inc.

#432-8188 Manitoba St, Vancouver, B.C. V5X 3A2

(604) 273-1163, skdentalceramic@gmail.com

DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE SENT: \_\_\_\_\_

DATE REQUIRED BY: \_\_\_\_\_

RX      EMAX      ZIRCONIA      PFM      FGC      IMPLANT

SCREW RETAINED

CEMENT RETAINED

BRAND NAME: \_\_\_\_\_

SIZE: \_\_\_\_\_

- |                      |                        |                       |                       |
|----------------------|------------------------|-----------------------|-----------------------|
| A. METAL TYPE        | High Gold              | Low Gold              |                       |
| B. OCCLUSION         | Gold                   | Porcelain             |                       |
| C. CENTRIC CONTACT   | Positive Contact       | Foil Relief           | Tripodization         |
| D. PROXIMAL CONTACT  | Light                  | Medium                | Tight                 |
| E. LATERAL EXCURSION | Cuspid Guidance        | Group Function        |                       |
| F. MARGIN ADAPTATION | Exactly to Finish Line | Slight Over-Extension |                       |
| G. LABIAL MARGIN     | Fine Gold Collar       | Porcelain to Margin   | Porcelain Butt Margin |

H. PONTIC DESIGN	1. HARMONY 	2. CONE 	3. HYGENIC 	4. RIDGELAP 
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I. SHADE: \_\_\_\_\_ J. STUMPSHADE: \_\_\_\_\_



PLEASE PHONE ME CONCERNING THIS CASE