

S K Dental Ceramic Studio Inc.

#432-8188 Manitoba St, Vancouver, B.C. V5X 4L8

(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
				

I. SHADE: _____ J. STUMPSHADE: _____



PLEASE PHONE ME CONCERNING THIS CASE