

• Shanto Dental Ceramics Ltd.

255 EAST 1ST AVENUE
VANCOUVER, BC, V5T 1A7
Tel: (604) 738 7317 Fax: (604) 730 2452
Toll Free: (888) 980 5429

In office use only:

T: _____

DATE: _____ DR'S PHONE: (____) _____

DR. _____

PATIENT NAME: _____

 MALE FEMALE

RETURN DATE: _____ RETURN TIME: _____ AM/PM

Rx: _____

Dentist is Providing:

Pre-Op Model Mock-Up Model Bite Index Stickbite
 FaceBow Photo(s) Other _____

Please indicate alteration(s) from original:**Horizontal Plane** - please follow :

Study Model Stick-Bite Photo(s) Mock-Up
 Other _____

Overbite (Length) - please follow:

Study Model Mock-up Photo
 Measurements _____
 Other _____

Over Jet - please follow:

Study Model Mock-Up Photo
 Measurements _____
 Other _____

Other Alterations: _____

Please indicate any prosthetic tools that the dentist requires:

Trial Prep Model Putty Index Putty Reduction Stent(s)
 Other _____

DOCTOR'S SIGNATURE: _____

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