

WAX-UPS

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• *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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