

Shanto Dental Ceramics Ltd.

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In office use only:

M: _____
Mt: _____ Wt: _____

C: _____
In: _____ Cer: _____

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

DR. _____

PATIENT NAME: _____

☐ MALE ☐ FEMALE

RETURN DATE: _____ RETURN TIME _____ AM/PM

Rx: _____

TOOTH SHADE(S): _____

☐ Custom Shade - In Lab (please call)

Please indicate case requirements below:

Retention:

☐ Cement

☐ Screw

Sub-frame (Abutment(s) for Cement or Screw Retained Restoration):

Stock: ☐ Titanium ☐ Zirconia ☐ Other _____

Custom: ☐ Cast-To (UCLA) ☐ Titanium ☐ Zirconia

Super-frame (Crowns for Cement Retained Restoration):

☐ PFM ☐ PFZ (Layered) ☐ HTFZ (Translucent) ☐ FZ (Strong)

☐ Emax

Dentist Provided Parts (Please indicate to avoid accidental charges):

☐ Analog(s) _____ ☐ Abutment(s) _____ ☐ Other: _____

Centric Contact: ☐ Positive ☐ Shim Relief ☐ Double Relief

Pontic Design: ☐ Hygenic ☐ Ridge Lap ☐ Ovate _____mm

Lat. Excursion: ☐ Cuspid Guidance ☐ Group Function ☐ Cross Bite

Occlusion: ☐ Ceramic ☐ Metal In Centric ☐ All Metal

Margin: ☐ Ceramic Butt ☐ Combination ☐ Fine Metal

PFM Metal: ☐ High Au (70-90%) ☐ Mid Au (40-60%) ☐ Au (1-3%)

☐ Other _____

DOCTOR'S SIGNATURE: _____