IMPLANTS

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 o	`	000) 700 3 127	
M:W		C:C	
Mt:W	′t:	In:C	er:
Date:	D	r's Phone:()
Dr			
PATIENT NAMI	E:		
		□ M	IALE 🗌 FEMALI
RETURN DATE	:	RETURN TIME:	AM/PM
Rx:			
TOOTH SHADE			
☐☐ Custom Shade		e requirements below:	
Retention:	i lease muleate ease	requirements below.	
☐ Cement	Screw		
Sub-frame (Abutme	ent(s) for Cement or	Screw Retained Rest	•
Stock: Titanium Custom: Cast-To			
Super frame (Cross	ns for Coment Potes	inad Pastaration):	
Super-frame (Crown PFM Emax		FZ (Strong) HTFZ	(Translucent)
Dentist Provided Pa			ner:
Centric Contact:	Positive	Shim Relief	☐ Double Relief
Pontic Design:	Hygenic	☐ Ridge Lap	Ovatemm
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%)	☐ Pd (60-75%)

More Info	KWATION.			

Design of Zirconia or Metal Frame:



Metal/ZR Lingual Collar



High Lingual Collar



3/4 Metal Occlusal



3/4 Metal/ZR Lingual



Lingual Collar



Full Metal/ZR Lingual



Metal Margin



Full Metal Occlusal



Full Contour FGC/FZ





