

Doctor  
Docteur

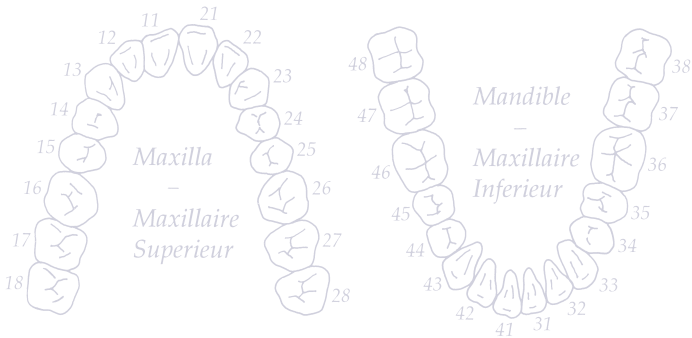
Address  
Adresse



Date \_\_\_\_\_ Date Required D/J / M/M / Y/A \_\_\_\_\_ Appt time AM   
Date require \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ R.V. PM

Patient \_\_\_\_\_

Zirconia Layered / En couche <input type="checkbox"/> Full contour } Shaw Zir <input type="checkbox"/> Plain contact } Shaw ST <input type="checkbox"/>		E.max Monolithic / Monolitique <input type="checkbox"/> Layered / Plein contact <input type="checkbox"/>	PFM metal choice Choix céramométal NP <input type="checkbox"/> SP <input type="checkbox"/> P <input type="checkbox"/>	NP <input type="checkbox"/> SP <input type="checkbox"/> P <input type="checkbox"/>			
Shade Teinte _____			Pontic Design Dessin de Pontiques	Semi hygienic Semi Hygienique	Ovate / Ovale	Ridgelap	Hygienic / Hygienique
Mould Moule _____			Contacts Embrasures	1 Broad / Large	2 Normal / Normale	Occlusal Relief Espace Occlusal	
Implant: Cement Retained / Cimenté <input type="checkbox"/> Screw Retained / Visse <input type="checkbox"/>		Facial Margin / Épaulement Buccal:		Metal / Métal <input type="checkbox"/> Porcelain to Metal / Porcelaine Métal <input type="checkbox"/> Butt / Épaulement en Porcelaine <input type="checkbox"/>			



Signature \_\_\_\_\_



Centre of Excellence

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