

Doctor
Docteur

Address
Adresse



Date

Date Required
Date requise

D/J / M/M / Y/A

Appt time
R.V.

AM
PM

Patient

M F Age

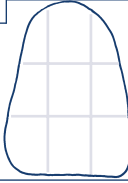
Zirconia
Layered / En couche
Full contour } Shaw Zir
Plein contact } Shaw ST

E.max
Monolithic / Monolithique
Layered / Plein contact

PFM metal
choice NP
SP
Choix
céramométal P



Shade
Teinte



Pontic Design
Dessin de
Pontiques

Semi hygienic
Semi Hygienique

Ovate / Ovale

Ridgelap

Hygienic / Hygienique

Mould
Moule

Contacts
Embrasures

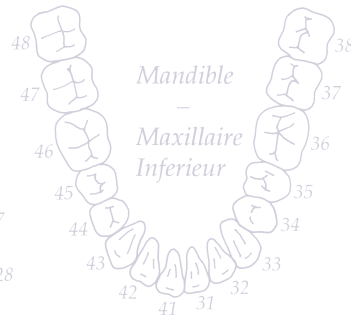
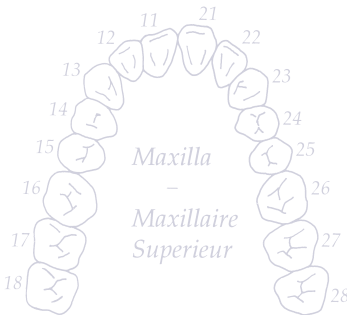
1 Broad / Large

2 Normal / Normale

Occlusal Relief
Espace Occlusal

Implant: Cement Retained / Cimenté
Screw Retained / Visse

Facial Margin / Épaulement Buccal: Metal / Métal
Porcelain to Metal / Porcelaine Métal
Butt / Épaulement en Porcelaine



Signature



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