

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

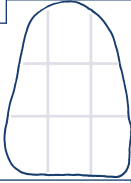
Zirconia  
Layered / En couche   
Full contour } Shaw Zir   
Plein contact } Shaw ST

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

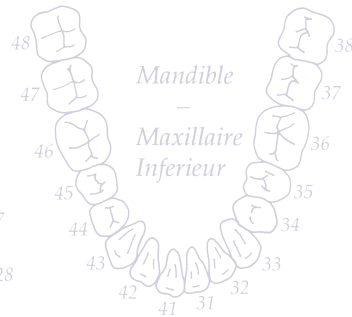
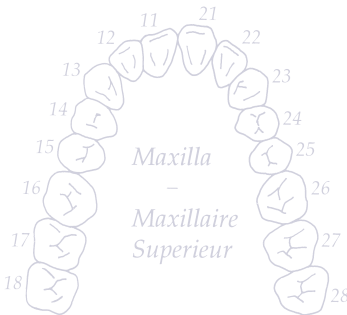
Implant: Cement Retained / Cimenté   
Screw Retained / Visse

Facial Margin / Épaulement Buccal:

Metal / Métal

Porcelain to Metal / Porcelaine Métal

Butt / Épaulement en Porcelaine



Signature



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