Doctor

Address

Rx

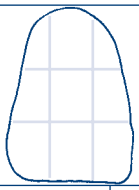
Date | Date Required | D / M / Y | Appt time AM ☐ PM ☐

Patient | M | F | Age

E.max		Zirconia	
Monolithic	☐	Layered	☐
Layered	☐	Full contour	☐

PFM metal choice: NP ☐ SP ☐ P ☐

Shade



Mould

Pontic Design | Semi hygienic ☐ | Ovate ☐ | Ridgelap ☐ | Hygienic ☐

Contacts | 1 Broad ☐ | 2 Normal ☐ | Occlusal Relief Yes ☐ No ☐

Implant:		Facial Margin:			
Cement Retained	☐	Metal	☐	Full Denture	☐
Screw Retained	☐	Porcelain to Metal	☐	Partial Chrome	☐
		Butt	☐	Partial Acrylic	☐

Signature

Shaw Group of DENTAL LABORATORIES

Centre of Excellence

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