

Doctor
Docteur

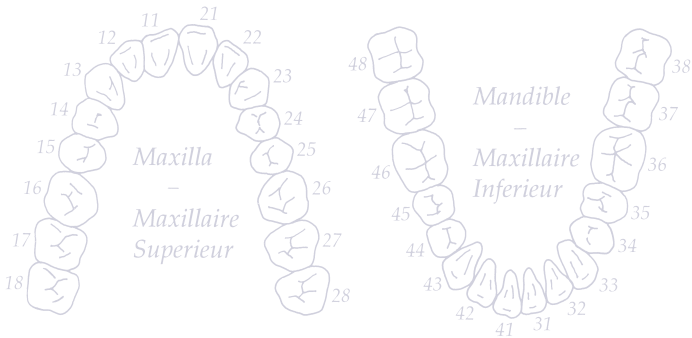
Address
Adresse



Date _____ Date Required / Date requise D/J / M/M / Y/A _____ Appt time / R.V. AM 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 / Monolithique <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"/>		M F Age 					
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 Yes / Oui <input type="checkbox"/> No / Non <input type="checkbox"/>			
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

Shaw Toronto

104 Bond Street
 Toronto, Ontario M5B 1X9
 Tel: 416-977-0700 • 800-387-2969
 Fax: 416-977-0709

SEND PHOTOS: photos-toronto@shawlabgroup.com