

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

Monolithic / Monolitique	Layered Porcelain / Porcelaine stratifiée	PFM Crown / Couronne	Full Metal Crown / Couronne
Full Contour Zirconia <input type="checkbox"/>	Zirconia <input type="checkbox"/>	Non-Precious <input type="checkbox"/>	Non-Precious <input type="checkbox"/>
Translucent Aesthetic Zirconia <input type="checkbox"/>	e.max <input type="checkbox"/>	Semi-Precious <input type="checkbox"/>	White Gold <input type="checkbox"/>
e.max <input type="checkbox"/>	e.max Veneer <input type="checkbox"/>	Precious <input type="checkbox"/>	Yellow Gold <input type="checkbox"/>
e.max Veneer <input type="checkbox"/>			

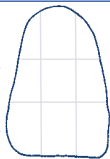
Implant: Cement Retained / Cimenté <input type="checkbox"/> Screw Retained / Vissé <input type="checkbox"/>	Facial Margin / Épaulement Buccal: Metal / Métal <input type="checkbox"/> Porcelain to Metal / Porcelaine Métal <input type="checkbox"/> Butt / Épaulement en Porcelaine <input type="checkbox"/>
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Shade
Teinte

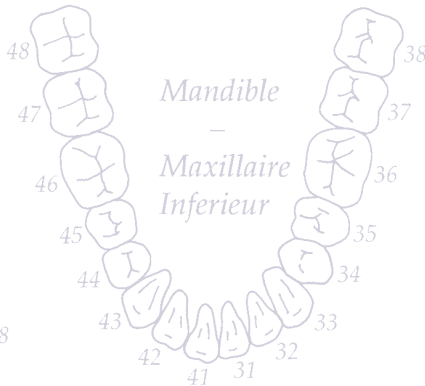
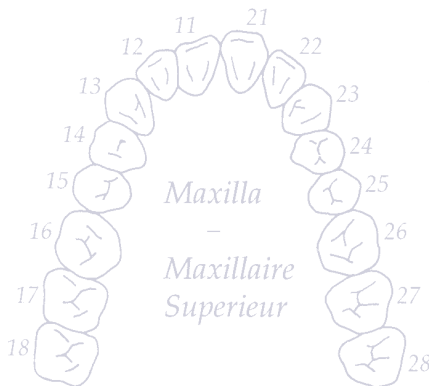
Mould
Moule

Stump

Moignon
Required for e.max/dark stumps



PonticDesign Dessin de Pontiques	Semi Hygienic Semi Hygienique <input type="checkbox"/>	Ovate / Ovale <input type="checkbox"/>	Ridgelaip <input type="checkbox"/>	Hygienic / Hygienique <input type="checkbox"/>
Contacts Embrasures	1 Broad / Large2 <input type="checkbox"/>	Normal / Normale <input type="checkbox"/>		
Occlusal Relief / Dégagement Occlusal Light / Léger <input type="checkbox"/> Open / Ouvert <input type="checkbox"/> Tight / Serré <input type="checkbox"/>				



Signature

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