

Rx Date _____

Due Date _____ Time _____

Dr. _____

Pt. Name _____ Age _____

18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27 28
 48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38

Porcelain Fused to Metal

- Yellow Gold.....
- White Gold.....

Full Gold

- Yellow Gold.....
- White Gold.....

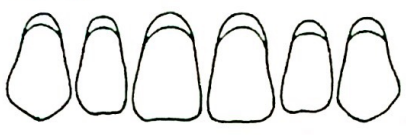
All Ceramic

- E-max (Empress)
- Zirconia

Implant

- Straumann.....
- Nobel Biocare.....
- Others.....
- Cement Retain.....
- Screw Retain.....

SHADING

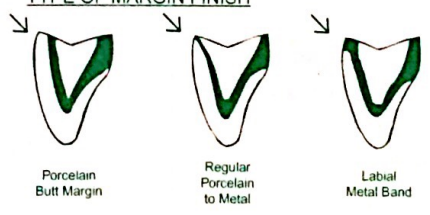


Final Shade _____
 Preparation Shade _____
 Shade be taken at Lab
 Custom Staining
 Block or Ingot Used _____

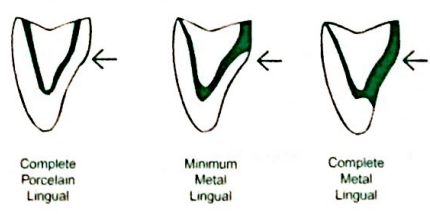
INSTRUCTION:

SUBSTRUCTURE DESIGN FOR PORCELAIN FUSED METAL RESTORATION

TYPE OF MARGIN FINISH



TYPE OF OCCLUSION (ANTERIOURS)



(POSTERIOURS)



Signature of Dentist

Lab. Use only

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DR: _____

Pt: _____

Model Room

In: _____

Out: _____

Metal

Out: _____

Procelain

Out: _____

Disinfection Stage (1)	
Disinfection Stage (2)	
Model Work	
Die Prep	
Wax Up	
Invest	
Cast	
Polish	
Degas & Opaque	
Porcelain	
Shade Taking	
Disinfection Stage (3)	



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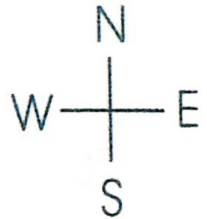
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DENTAL
LAB**



112 St.

EDMONTON
GENERAL
CAPITAL
HEALTH

111 St.



DR. _____

PT. _____

DATE: _____

(Case sent in on _____)

Requires:

Shade Taking

Custom Shading

Reshading

C.P.D. Fitting

Other _____