



1295 Leila Avenue, Winnipeg, MB R2P 2Z3
Tel: 204-632-0407 Cell: 204-805-2589

Clinic: _____
Address: _____
City: _____
Dr. Name: _____

Date Sent: _____
Date Due: _____
Patient: _____
Age: _____

Specific Instructions:

Enclosed with case: Impressions Models Bite Photos Other



Dr. Signature: _____

CERAMIC SHADE INSTRUCTIONS



Tooth No. _____
Stump Shade _____
Final Shade _____
Hair Color: _____
Skin Color: _____
Eye Color: _____

MATERIALS

- Non- Precious PFM Noble PFM
 Cut-back Zirconia Full Zirconia
 IPS e.max Celtra Celtra Press
 Other _____

CONTOUR AND OCCLUSION DESIGN

Embrasures: Closed Open
Occlusion: Light Ideal Open ____mm
Occlusal Pit Staining: _____
Contacts: Broad & Tight Pinpoint Light
Surface Texture: Smooth Moderate Rough
Glaze: High Medium Low

RESTORATION PONTIC DESIGN



RESTORATION TYPE

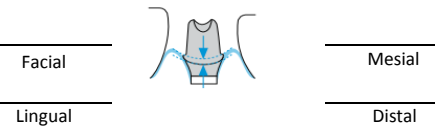
- Crown Bridge Bar Abutment w/ crown
 screw retained crown w/ Ti-base)

Rx Indicate implant system _____

SELECT ABUTMENT TYPE

- Titanium
 Zirconia w/ Ti-Base
 Zirconia Base
 Prepare existing Abutment

ABUTMENT MARGIN DEPTH



If left blank, default values will be used

ABUTMENT MARGIN DESIGN



- Shoulder for All-Ceramic
 Chamfer for Zirconia

ABUTMENT EMERGENCE PROFILE



- Surgical Placement Tissue Displacement No Tissue Displacement

IF NO OCCLUSAL CLEARANCE

- Call Doctor
 Metal Occlusion
 Metal Island
 Spot Opposing
 Make this a permanent note