Sidney Dental Ceramics

209 - 2453 Beacon Avenue
Sidney, B.C. V8L 1X7
Tel: 236 638 9460

Dr. _____

DATE IN _____

PATIENT'S NAME _____

TIME WANTED _____

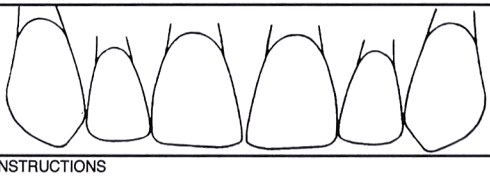
AUTHORIZATION _____

CASE REQUIREMENTS

TYPE OF RESTORATION	❒	EMAX CROWN	❒	EMAX VENEER	❒	PFZ ❒	PFM
	❒	FULL CONTOUR ZIRCONIA CROWN			❒	GOLD CROWN	
OCCLUSION	❒	METAL	❒	PORCELAIN	❒	ZIRCONIA	
CENTRIC CONTACT	❒	FOIL RELIEF	❒	POSITIVE CONTACT			
LATERAL EXCURSION	❒	CUSPID GUIDANCE	❒	GROUP FUNCTION			
LABIAL MARGIN	❒	FINE METAL COLLAR	❒	PORCELAIN TO MARGIN	❒	PORCELAIN BUTT MARGIN	

❒ CUSTOM SHADE ❒ KAVO/DENAR MOUNTNG ❒ FACEBOW MOUNTING

BASIC COLOR _____



❒ SPECIAL INSTRUCTIONS