

DOCTOR \_\_\_\_\_  
(please print)

DATE SENT \_\_\_\_\_ DATE WANTED \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

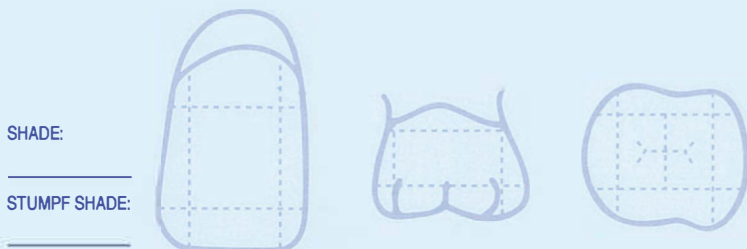
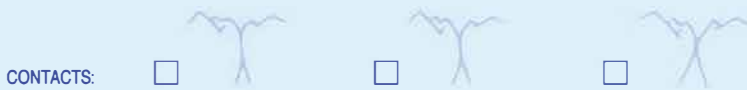
**PUROLATOR #4380182**

PLEASE SEND SUPPLIES:

- RX SHEETS       SHIPPING WAYBILLS  
 PLASTIC BAGS       SHIPPING BOXES  
 MAILING LABELS       SHIPPING BAGS

**FIXED PROSTHETICS**

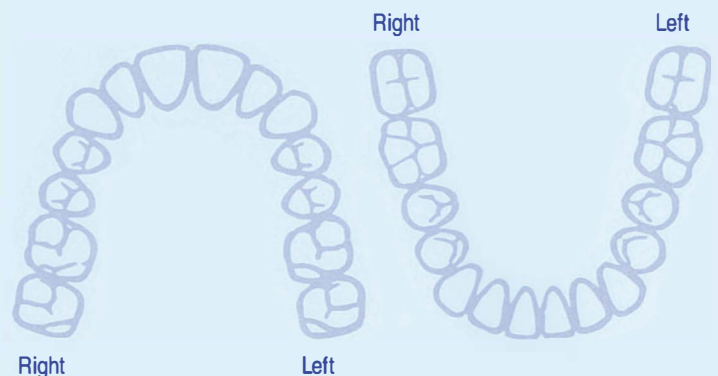
- TYPE OF CROWN:  Full Metal       Porcelain to Metal       Post and Core  
 IPS e.max<sup>®</sup>       Zirconia       Full Zirconia  
 Acrylic Temporary       Implant       Ucla
- CUSTOM IMPLANT  Titanium       Zirconia
- ABUTMENT:  Brand \_\_\_\_\_       Colouring Anodizer
- FULL METAL ALLOY:  White Non-Precious       Yellow Low Gold       Yellow High Gold
- CERAMIC ALLOY:  White Non-Precious       White Low Gold       White Yellow Gold  
 Yellow High Gold       \_\_\_\_\_       \_\_\_\_\_
- OCCLUSION:  Metal       Porcelain       Combination
- LABIAL MARGIN:  Metal       Combination       Porcelain Butt
- OCCLUSAL CONTACT:  Positive       Foil Relief       # of Foils \_\_\_\_\_



**REMOVABLE PROSTHETICS**

- TYPE OF DENTURE:  Cast Metal Partial       Acrylic Partial  
 Valplast<sup>®</sup> Partial       Valplast<sup>®</sup>/ Cast Metal Partial  
 Complete Denture       Over Denture       Implant Denture
- PROCEDURE:  Bite Block       Custom Tray  
 Frame Try-in       Setup Try-in  
 Acrylic Finish       Valplast<sup>®</sup> Finish  
 Reline       Rebase       Repair
- TEETH:  Acrylic Premium       Acrylic Economy       Porcelain  
 Shade \_\_\_\_\_       Mold \_\_\_\_\_       Type \_\_\_\_\_

DESIGN



SPECIAL INSTRUCTIONS: