



Pacific Skydent Dental Lab

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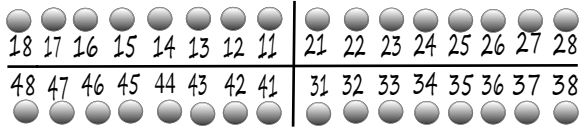
Date: _____ Due Date : _____ AM/PM
Month Day Year Month Day Year

Doctor: _____ Telephone Number: _____

Name of Patient: _____ Gender _____ Age _____

Items Included with Case

- Master Impression Diagnostic Wax-up Face Bow Transfer Jig
- Opposing Impression or Model Model or Impression of provisional
- Stick bite Pre-operative models Other _____
- Bite registration Photos(Qty. ___) Slides(Qty. ___)



Type of Restoration Preferred

- PFM Emax Staining Emax Layering Implant Post&Core
- Full Zirconia Zirconia with Layers Full Metal Other _____

Type of PFM Alloy

- High Noble (White or Yellow) Noble:Semi-Precious Co-Cr /SLM

Shade

Body Shade _____ Gingival Shade _____ Incisal Shade _____ Occlusal Staining None Medium Light Dark

Stump Shade _____ Custom Shade in Lab

Type of Margin

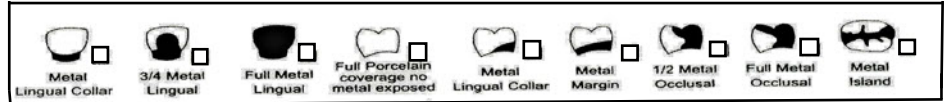
- Porcelain Butt Margin Fine Metal Collar 0.5mm Heavy Metal Collar 1mm
- 360 Porcelain Butt Margin Combination Margin

Type of Occlusion <input type="radio"/> Metal <input type="radio"/> Porcelain	Occlusal Contact <input type="radio"/> Foil relief # ___ <input type="radio"/> Positive
Lateral Excursion <input type="radio"/> Cuspid Guidance <input type="radio"/> Group Function	

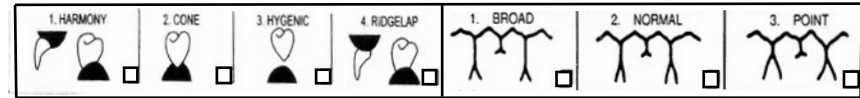
If No Occlusal Clearance

- Reduction Coping Adjust Opposing Metal Island Metal Occlusion

Frame Design



Pontic Design



Contacts

Instruction:

Doctor's Signature _____