



CROWN+BRIDGE

Turner Dental Laboratory Ltd.

3278 OAK STREET, VICTORIA, BC V8X 1P7 • 250-475-2525

206 - 321 WALLACE STREET, NANAIMO, BC V9R 5B6 • 250-754-5566

FAX 250.475.2555 | TOLL-FREE 1.800.661.6115 | crown@turnerdentallab.com | www.turnerdentallab.com

DATE _____ DR. _____

ADDRESS _____

CITY AND PROVINCE _____

PATIENT'S NAME _____ MALE FEMALE

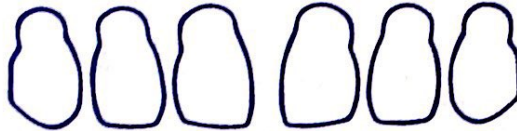
DATE WANTED: TRY IN _____ FINISH _____

PLEASE INDICATE CASE REQUIREMENTS BELOW:

TOOTH #: _____

SHADE: _____

STUMP SHADE: _____



TYPE OF RESTORATION E.MAX® ZIRCONIA FULL-CONTOUR ZIRCONIA
 PFM GOLD OTHER _____

TYPE OF METAL GOLD OTHER _____

OCCCLUSION METAL PORCELAIN

CENTRIC CONTACT FOIL RELIEF POSITIVE CONTACT

LATERAL EXCURSION CUSPID GUIDANCE GROUP FUNCTION

LABIAL MARGIN FINE METAL COLLAR PORCELAIN TO MARGIN PORCELAIN BUTT MARGIN

FURTHER INSTRUCTIONS:

DENTIST'S LICENSE NUMBER: _____ DATE: _____

PERSONAL SIGNATURE OF DENTIST _____