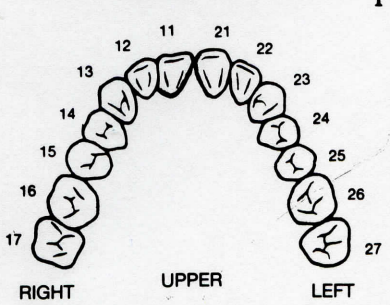
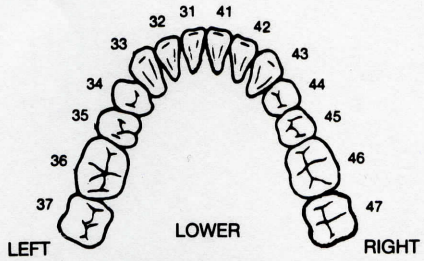
DESIGN CASE HERE

PERMANENT DENTITION

IV

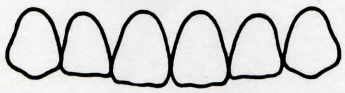


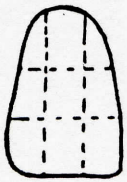


PLEASE INDICATE REQUIREMENTS BELOW

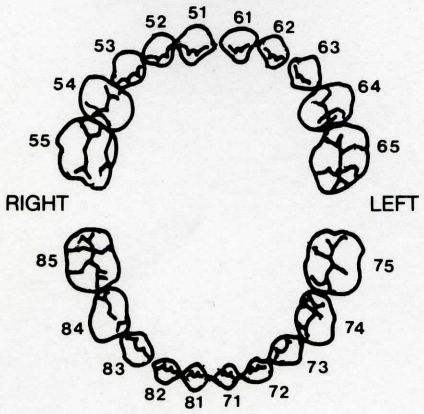
A.	CENTRIC CONTACT	1. FOIL RELIEF ☐	2. POSITIVE CONTACT ☐	3. CUSP FOSSA ☐
B.	LATERAL EXCURSION	1. CUSPID GUIDANCE ☐	2. GROUP FUNCTION ☐	
C.	MARGIN ADAPTATION	1. EXACTLY TO FINISH LINE ☐	2. SLIGHT OVEREXTENSION ☐	
D.	LABIAL MARGIN	1. FINE GOLD COLLAR ☐	2. PORCELAIN BUTT MARGIN ☐	3. PORCELAIN TO MARGIN ☐
E.	PONTIC DESIGN	1. HARMONY ☐	2. CONE ☐	3. HYGENIC ☐ 4. RIDGELAP ☐
F.	CONTACTS (EMBRASSURES)	1. BROAD ☐	2. NORMAL ☐	3. POINT ☐

SPECIAL SHADE SELECTION





DECIDUOUS DENTITION



COMMERCIAL DENTAL LABORATORY CONFERENCE
CDLC
SERVING DENTISTRY

ORTHO-DENT
SUPPLIES & SERVICES LTD.

311 Viola Street
Oshawa, Ontario L1H 3A7

Local (905) 436-3133
Toronto (905) 427-2872
1-800-2-ORTHODENT
1-800-267-8463
Fax (905) 723-2331

I FROM:

Dr.: _____

Address: _____

City and Province: _____

Phone: _____ Patient's Name: _____ Given Name: _____

Date Prepared: _____

Identification Number: _____

Sex: M ☐ F ☐

Age: _____

Type of Restoration: _____

Try-In ☐ Date Required: _____ Time Wanted: _____ a.m.☐ p.m.☐

Finish ☐ Date Required: _____ Time Wanted: _____ a.m.☐ p.m.☐

II

MOULD & SHADE SPECIFICATION

Anteriors Porcelain ☐ Plastic ☐ Shade _____ Mould _____

Posteriors Porcelain ☐ Plastic ☐ Shade _____ Mould _____

Rational ☐ Functional ☐ Twenty Degree (20°) ☐ Thirty-Three Degree (33°) ☐

Brand of teeth to be used: _____

FACIAL CHARACTERISTICS

Check Basic Face Form

Square ☐ Square Tapering ☐ Tapering ☐ Ovoid ☐

Check Facial Asymmetry

Dominant Right Side ☐ Dominant Left Side ☐

Male ☐ Female ☐ Vigorous ☐ Soft ☐

Special Materials & Alloys	
Precious	
Semi-Precious	
Non-Precious	

Special Techniques & Attachments	

III **PRECISE INSTRUCTIONS PLEASE** _____

Professional's Signature _____