



FROM: _____ Date: _____

Address: _____ Phone: _____

City/Prov.: _____ Sex: M F Age: _____

Patient's Name: First: _____ Last: _____

Type of Restoration: _____

Try-in Date: _____ Time Wanted: _____ AM PM

Finish: _____ Time Wanted: _____ AM PM

CENTRIC CONTACT 1. FOIL RELIEF 2. POSITIVE CONTACT 3. CUSP FOSSA

LATERAL EXCURSION 1. CUSPID GUIDANCE 2. GROUP FUNCTION

MARGIN ADAPTATION 1. EXACTLY TO FINISH 2. SLIGHT OVEREXTENSION

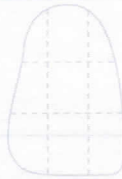
LABIAL MARGIN 1. FINE GOLD COLLAR 2. PORCELAIN BUTT MARGIN 3. PORCELAIN TO MARGIN

PONTIC DESIGN 1. HARMONY 2. CONE 3. HYGENIC 4. RIDGELAP

CONTACTS (EMBRASSURES) 1. BROAD 2. NORMAL 3. POINT

ALLOY: NON-PRECIOUS SEMI-PRECIOUS
PALLADIUM PRECIOUS

SHADE SPECIFICATION



**Partial Dentures
Upper**

- horseshoe palate
- full palate
- palatal strap
- closed oval
- high lingual

Lower

- regular bar
- kennedy bar
- lingual plate

Clasps

- gold clasps
- wrought wire

Other

- smooth finish
- metal pontic
- metal onlay
- unilateral

Professional's Signature: _____