






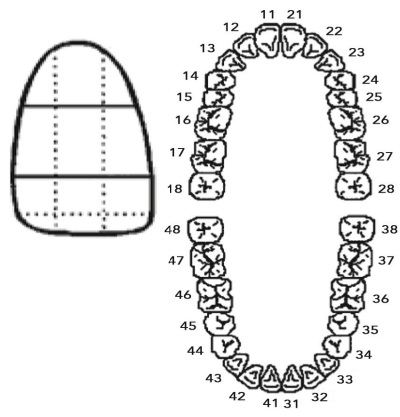




FROM: _____ **Date:** _____
Address: _____ **Phone:** _____
City/Prov.: _____ **Sex:** M F **Age:** _____
Patient's Name: First: _____ **Last:** _____
DATE REQUIRED: _____ TRY IN FINISH
TIME REQUIRED: _____
MEDICAL ALERT: **DETAILS:** _____

CENTRAL CONTACT	1. Foil Relief <input type="checkbox"/>	2. Positive Contact <input type="checkbox"/>	3. Cusp Fossa <input type="checkbox"/>
LATERAL EXCURSION	1. Cuspid Guidance <input type="checkbox"/>	2. Group Function <input type="checkbox"/>	3. Cusp Fossa <input type="checkbox"/>
MARGIN ADAPTATION	1. Exactly To Finish <input type="checkbox"/>	2. Slightly Overextension <input type="checkbox"/>	
LABIAL MARGIN	1. Fine Gold Collar <input type="checkbox"/>	2. Porcelain Butt Margin <input type="checkbox"/>	3. Porcelain To Margin <input type="checkbox"/>
PONTIC DESIGN	1. Harmony 	2. Cone 	3. Hygenic 
			4. Ridgelap 
CONTACTS (EMBRASSURES)	1. Broad 	2. Normal 	3. Point 
ALLOY	Non-Precious <input type="checkbox"/>	Semi-Precious <input type="checkbox"/>	All Ceramic <input type="checkbox"/>
	Palladium <input type="checkbox"/>	Precious <input type="checkbox"/>	

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
 - flexible
- Other**
- flexible dentures
 - night guards
 - digital night guards
 - unilateral

Professional's Signature: _____