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Dr. _____ Date: _____

Patient Name: _____ Age: _____

Time Required: _____ am / pm

INSTRUCTIONS: _____

CR & BR: PBM FMC ZR Full ZR Substructure emax

ALLOY: High Gold 50% Gold High Pd Base

OCCCLUSION: Metal Porcelain Foil Relief

EXCURSION: Cuspid Guidance Group Function

LABIAL MARGIN: Metal Porcelain Conventional

IF INSUFFICIENT ROOM: Please Call Reduce and Mark Preparation Opposing

TOOTH SHADE _____ **STUMP SHADE** _____

IMPLANT: Abutment size _____ System _____

SCREW retained - 1 piece CEMENT retained - 2 piece

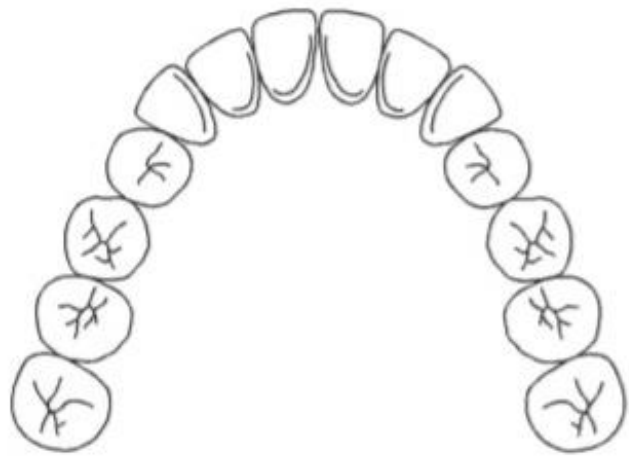
DENTURE: FULL PARTIAL ACRYLIC CAST

REPAIR Reline Rebase LASER Weld TRY IN FINISH

SPLINTS: Ultra Comfort Slim-Line Hard Acrylic

ORTHODONTICS SLEEP APPLIANCE OTHER: _____

DESIGN CASE HERE



RIGHT

LEFT

