



MASTERS DENTAL LAB

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Doctor: _____

Date: _____

Address: _____

Date and Time required:

Patient: _____

Age: _____ M F

Try- In Finish

Restoration

- Crown
 - PFM
 - All Ceramic
 - Full Gold
- Veneer
- Bridge
 - Pontic
 - Hygienic
 - Ridgelaip
 - Bullet
 - Saddle
- Maryland
- Implant/Abutment
 - Screw retained
 - Cement retained
- Post & Core
- Inlay/Onlay
- Acrylic Temporary
- Diagnostic Wax Up

Material

- Alloy
 - Precious
 - Semi-Precious
 - Non-Precious
- E-max Pressable
- CAD/CAM
 - E-MAX
 - Zirconia

Occlusion

- Metal
 - Buccal Cusp
 - Lingual Cusp
 - Island
- Porcelain
- Foil Relief

Occlusal Contacts

- None
- Light
- Normal
- Heavy

Dentures

- Custom Tray
 - Occlusal Rim
 - Wax Bite Block
 - Setup/Try In
 - Reset
 - Implant Supported
 - All-On-4
 - Surgical Stent
- Orthodontics**
- Bite Plane
 - Essix Retainer

- Add-On
- Repair
- Rebase
- Reline
- Bleaching Tray

- Process/Finish
- Flipper
- Acrylic Partial
- Cast Framework Only
- Syncone

Shade: _____

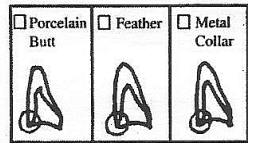
Stump Shade: _____

Photos Provided:

Yes No

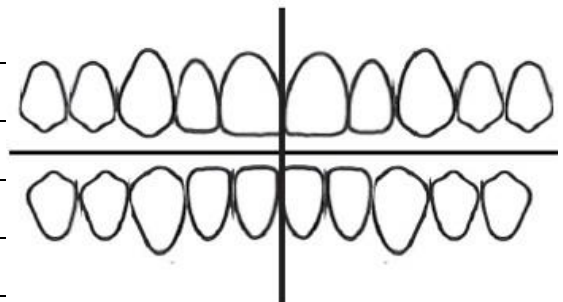
Shade Tab Included:

Yes No



Instructions:

Maxillary Anterior



Mandibular Anterior

Signature: _____