



Teamwork Dental Ceramic Laboratory Inc.

#5 - 3260 Viking Way, Richmond, B.C.
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Email: teamworkdentallab@gmail.com

Dr. _____

Patient _____ Lab Code _____

Date sent _____ Date required _____

Instructions:

Dentist Signature: _____

Please Indicate:

- | | | |
|----------------|--|--|
| Occlusion: | <input type="checkbox"/> Metal | <input type="checkbox"/> Porcelain |
| Labial Margin: | <input type="checkbox"/> Fine Metal Collar | <input type="checkbox"/> Porcelain to Margin |
| | <input type="checkbox"/> Porcelain Butt Margin | |
| Pontic Design: | <input type="checkbox"/> Harmony | <input type="checkbox"/> Hygenic |
| | <input type="checkbox"/> Cone | <input type="checkbox"/> Ridgelap |

Shade:



Lab use only:

Type of gold _____ Signed _____ Date _____

REMOVABLE RESTORATIONS

DENTURES

Please Indicate:

- | | | |
|--------------------------------|--|---------------------------------|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Immediate | <input type="checkbox"/> Try-in |
| <input type="checkbox"/> Lower | <input type="checkbox"/> Extract Teeth | <input type="checkbox"/> Finish |

PARTIALS

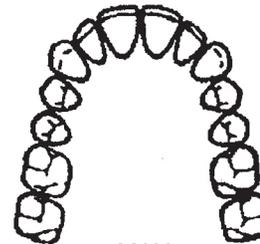
Please Indicate:

- | | | |
|-------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Cast Upper | <input type="checkbox"/> Unilateral | <input type="checkbox"/> Try-in |
| <input type="checkbox"/> Cast Lower | <input type="checkbox"/> Bite Block | <input type="checkbox"/> Finish |

OTHER

Please Indicate:

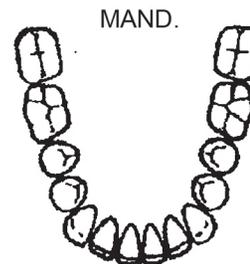
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Hawley Retainer | <input type="checkbox"/> Night Guard |
| <input type="checkbox"/> Lingual Arch | <input type="checkbox"/> Custom Tray |
| <input type="checkbox"/> Space Maintainer | |



MAX

RIGHT

LEFT



MAND.

Photo Enclosed
 Email

Tooth Shade _____
 0° 10° 20°