

1123 Water Street Unit 1
Peterborough, ON K9H 3P7

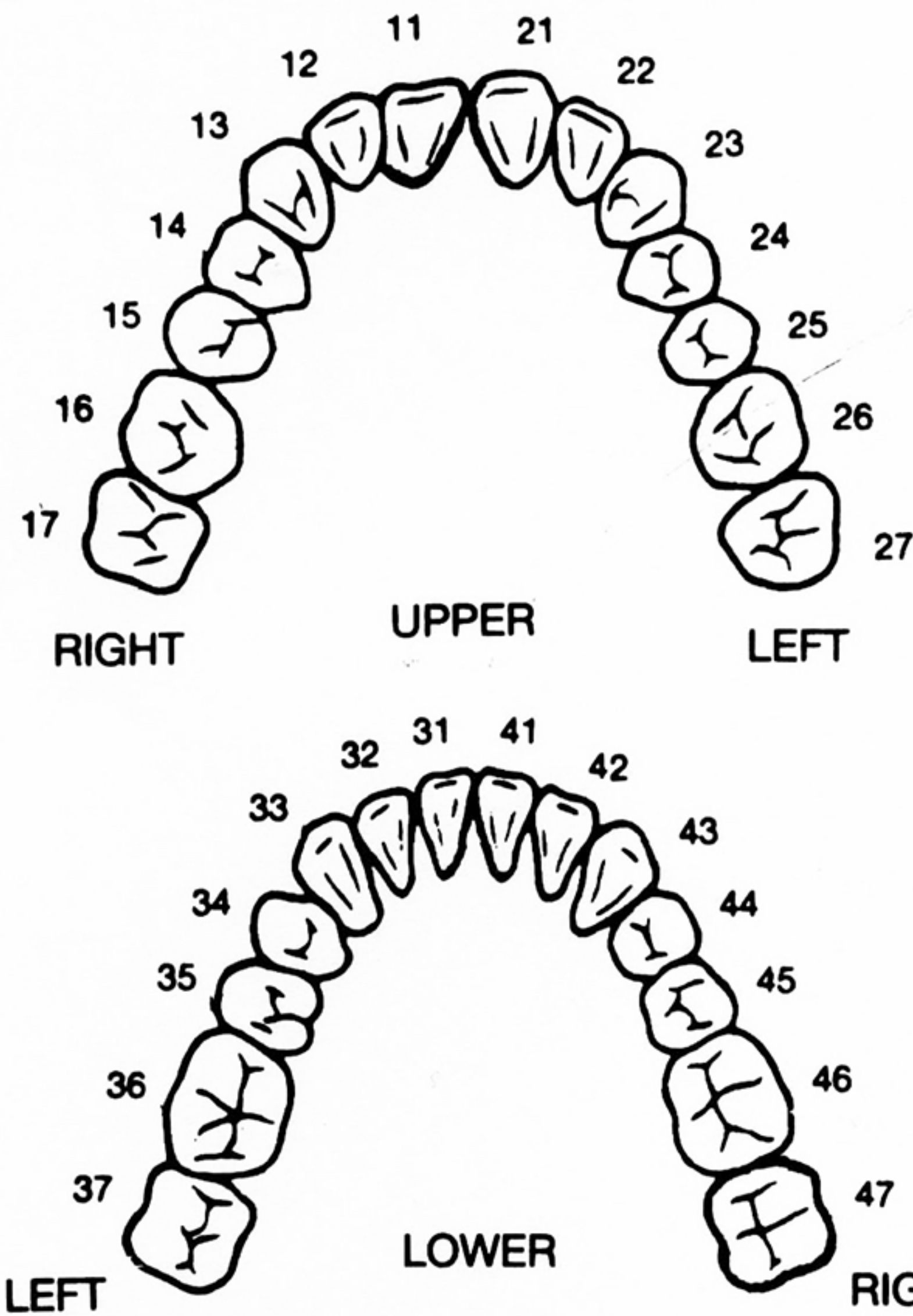
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DESIGN CASE HERE

PERMANENT DENTITION

IV



I FROM: _____ Date Prepared: _____
 Dr.: _____ Identification Number: _____
 Address: _____ Sex: M F
 City and Province: _____ Age: _____
 Phone: _____ Patient's Name: _____ Given Name: _____
 Type of Restoration: _____
 Try-In Date Required: _____ Time Wanted: _____ a.m. p.m.
 Finish Date Required: _____ Time Wanted: _____ a.m. p.m.

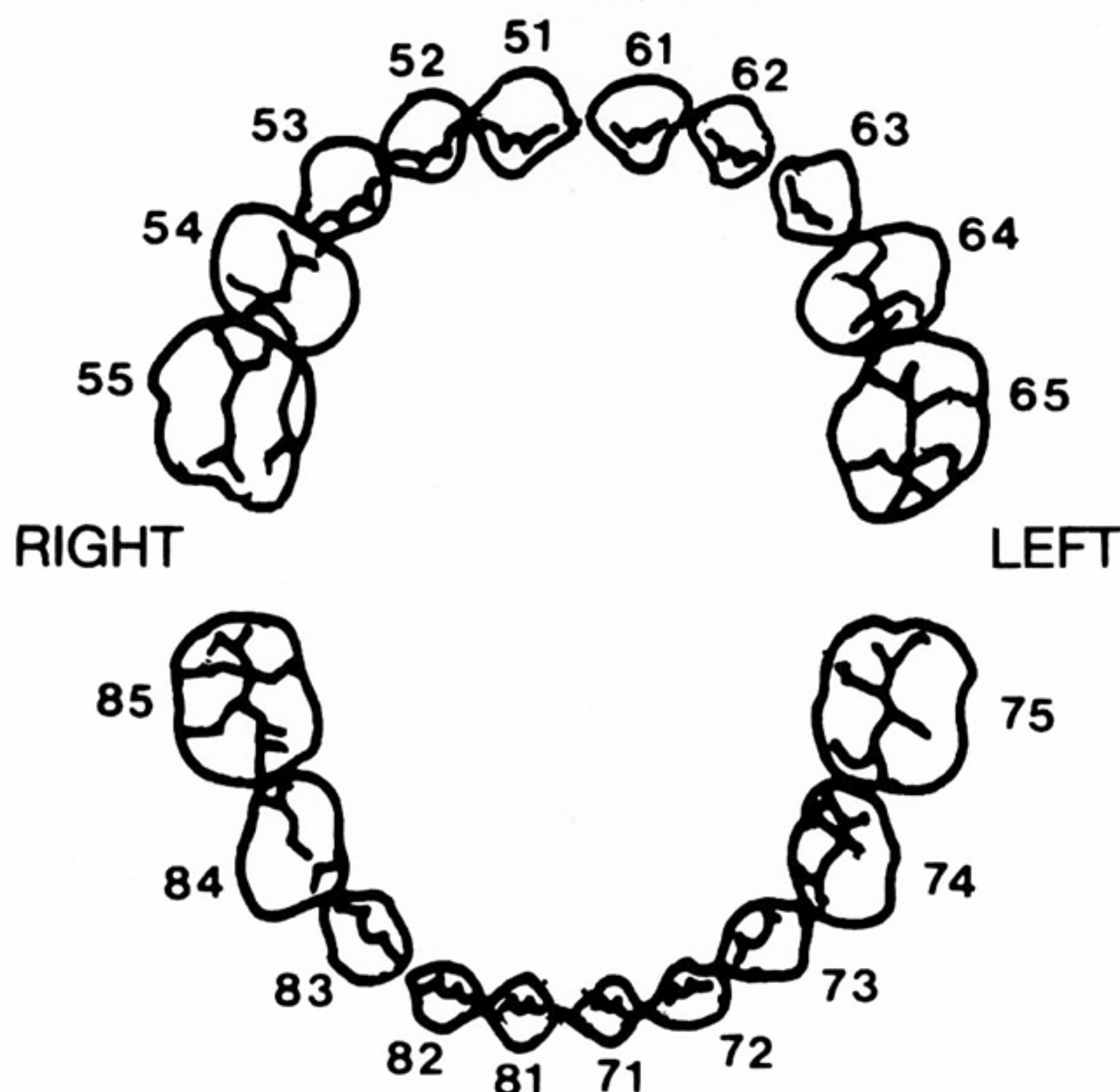
PLEASE INDICATE REQUIREMENTS BELOW

A. CENTRIC CONTACT 1. FOIL RELIEF 2. POSITIVE CONTACT 3. CUSP FOSSA
B. LATERAL EXCURSION 1. CUSPID GUIDANCE 2. GROUP FUNCTION
C. MARGIN ADAPTATION 1. EXACTLY TO FINISH LINE 2. SLIGHT OVEREXTENSION
D. LABIAL MARGIN 1. FINE GOLD COLLAR 2. PORCELAIN BUTT MARGIN 3. PORCELAIN TO MARGIN
E. PONTIC DESIGN 1. HARMONY 2. CONE 3. HYGENIC 4. RIDGELAP
F. CONTACTS (EMBRASSURES) 1. BROAD 2. NORMAL 3. POINT

SPECIAL SHADE SELECTION



DECIDUOUS DENTITION



II MOULD & SHADE SPECIFICATION

Anteriors Porcelain Plastic Shade _____ Mould _____
Posteriors Porcelain Plastic Shade _____ Mould _____
 Rational Functional Twenty Degree (20°) Thirty-Three Degree (33°)
 Brand of teeth to be used: _____

FACIAL CHARACTERISTICS

Check Basic Face Form
 Square Square Tapering Tapering Ovoid
 Check Facial Asymmetry
 Dominant Right Side Dominant Left Side
 Male Female Vigorous Soft

Special Materials & Alloys		Special Techniques & Attachments	
Precious			
Semi-Precious			
Non-Precious			

III PRECISE INSTRUCTIONS PLEASE _____

Professional's Signature _____