

BIOCAD DENTAL LABORATORIES LTD.

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CASE # _____

PAN # _____

CLINIC/DOCTOR _____ DATE _____

PATIENT _____ D.O.B. _____

- MALE
- FEMALE
- AM
- PM

REQUIRED DATE _____

Alloy _____ gm

Type of Crown

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Full Metal | <input type="checkbox"/> Porcelain | <input type="checkbox"/> Post and Core |
| <input type="checkbox"/> IPS e.max [®] | <input type="checkbox"/> Implant | <input type="checkbox"/> Co-Cr PFM |
| <input type="checkbox"/> Zirconia | <input type="checkbox"/> W. Layering | <input type="checkbox"/> W/O Layering |
| <input type="checkbox"/> Brand _____ | <input type="checkbox"/> Zirconia | <input type="checkbox"/> Titanium |

Custom Implant Abutment

Full Metal Alloy

- | | | |
|---|--|---|
| <input type="checkbox"/> White Low Gold | <input type="checkbox"/> Yellow Low Gold | <input type="checkbox"/> Yellow High Gold |
|---|--|---|

Ceramic Alloy

- | | |
|---|---|
| <input type="checkbox"/> White Low Gold | <input type="checkbox"/> Yellow High Gold |
|---|---|

Occlusion

- | | | |
|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Metal | <input type="checkbox"/> Porcelain | <input type="checkbox"/> Zirconia |
|--------------------------------|------------------------------------|-----------------------------------|

Labial Margin

- | | | |
|--------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Metal | <input type="checkbox"/> Combination | <input type="checkbox"/> Porcelain Butt |
|--------------------------------|--------------------------------------|---|

Occlusal Contact

- | | | |
|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Positive | <input type="checkbox"/> Foil Relief | <input type="checkbox"/> # of Foils _____ |
|-----------------------------------|--------------------------------------|---|

Pontic Design

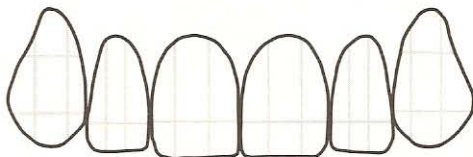
- | | | | | | | |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
| Full Ridge | Partial Ridge | Buccal Crest | Point Contact | No Contact | Doctor's Design | Ovate Design |

Pontic Ridge Stone Reduction

- Non Minor Medium _____ mm

Shade _____

Stump Shade _____



Special Instructions

Doctor's Signature _____