

# VETECH DENTAL LABORATORIES LTD.

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Date: \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Patient: \_\_\_\_\_ M  
F Age: \_\_\_\_\_

Date & Time Required: \_\_\_\_\_ Tel: \_\_\_\_\_



Dr.'s Signature \_\_\_\_\_

### PLEASE INDICATE REQUIREMENT BELOW

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> PFM                          | <input type="checkbox"/> IMPLANTS   | <input type="checkbox"/> EMPRESS               | <input type="checkbox"/> ZIRCONIA              |
| <input checked="" type="checkbox"/> METAL             | <input type="checkbox"/> GOLD   | <input type="checkbox"/> WHITE GOLD            | <input type="checkbox"/> ALL PORCELAIN         |
| <input checked="" type="checkbox"/> CENTRIC CONTACT   | <input type="checkbox"/> FOIL RELIEF                                      | <input type="checkbox"/> POSITIVE CONTACT      | <input type="checkbox"/> NON-PREC              |
| <input checked="" type="checkbox"/> LATERAL EXCURSION | <input type="checkbox"/> CUSPID GUIDANCE                                  | <input type="checkbox"/> GROUP FUNCTION        | <input type="checkbox"/> CUSP FOSSA            |
| <input checked="" type="checkbox"/> MARGIN ADAPTATION | <input type="checkbox"/> EXACTLY TO FINISH LINE                           | <input type="checkbox"/> SLIGHT OVER-EXTENSION |  |
| <input checked="" type="checkbox"/> LABIAL MARGIN     | <input type="checkbox"/> METAL COLLAR HEAVY <input type="checkbox"/> FINE | <input type="checkbox"/> PORCELAIN TO MARGIN   | <input type="checkbox"/> PORCELAIN BUTT MARGIN |

<input checked="" type="checkbox"/> OCCLUSION DESIGN	METAL 	3/4 METAL 	PORCELAIN 	
<input checked="" type="checkbox"/> PONTIAC DESIGN	HARMONY 	CONE 	HYGENIC 	RIDGELAP 
<input checked="" type="checkbox"/> CONTACTS (EMBRASURES)	BROAD 	NORMAL 	POINT 	

SHADE \_\_\_\_\_ CUSTOM STAIN

