



ROMADENT CERAMICS DENTAL LABORATORY

#207, 1610 37th Street SW, Calgary, Alberta T3C 3P1

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www.romadentceramics.com

Doctor: _____

Date: _____

Patient: _____

Sex: M F Age: _____

Finishing Date: _____

Time Required: _____ AM PM

☐ PLEASE RETURN FOR TRIMMING

☐ PLEASE CALL ME (Before proceeding with the case)

PLEASE INDICATE TYPE OF RESTORATION

ALL CERAMIC: ☐ Ips Empress ☐ Ips Emax ☐ Zirconia (CAD-CAM) ☐ LAVA

FULL METAL RESTORATION: ☐ Full Gold Crown ☐ 3/4 Crown ☐ Inlay/Overlay

COMPOSITE: ☐ Cristobal ☐ Other _____ IMPLANTS: ☐ Noble Biocare ☐ Strauman

PFM: ☐ Ips D-Sign ☐ Duceragold ☐ DIAGNOSTIC WAX UP ☐ TEMPORARY CROWNS

METAL SELECTION: ☐ Yellow Gold ☐ H.Noble ☐ Noble ☐ Non Precious
☐ White Gold

FORM OF CROWN DESIRED: ☐ Follow Study Model ☐ Match Existing ☐ Make Ideal

OCCUSAL CLEARANCE: ☐ Centric Contact ☐ Cusp to Fossa ☐ Foil Relief

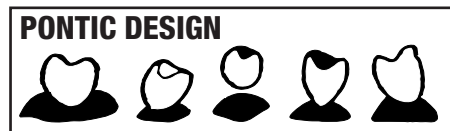
OCCUSAL SURFACE: ☐ Metal ☐ Porcelain

INTERPROXIMAL CONTACTS: ☐ Broad ☐ Normal ☐ Point

LATERAL EXCURSION: ☐ Cuspid Guidance ☐ Group Function

LABIAL MARGIN: ☐ Fine Metal Collar ☐ Porcelain to Margin ☐ Porcelian Butt Margin

OCCUSAL STAINING: ☐ Light ☐ Dark ☐ None



SHADE _____

GING. SHADE _____

STUMPF SHADE _____
(EMPRESS – EMAX)

ADDITIONAL INSTRUCTION:

DISINFECTED _____

Doctor's Signature _____

PLEASE SEND

- ☐ Fixed Rx's
☐ Removable Rx's
☐ Bags ☐ Boxes