

# durban

dental laboratories

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

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

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

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

Patient: \_\_\_\_\_  
Last name First name

Patient Appt: \_\_\_\_\_

Doctor Tel #: \_\_\_\_\_



**To be delivered as:**

- Metal Frame Try In
- Bisque Bake
- Completed

**Type of margin:**

- Porcelain to Metal
- Butt Joint
- Metal Band

**Type of Restoration:**

- Zirconia
- Emax  Empress
- PFM
- Full Metal Crown
- Other \_\_\_\_\_

**Alloy:**

- Non Precious
- Semi Precious
- Gold-White  Yellow

**If Insufficient Room?**

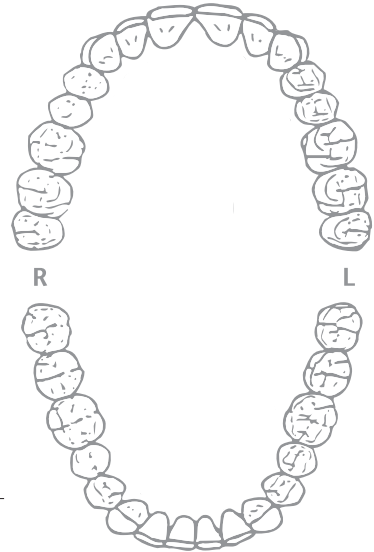
- Please Call
- Reduction Coping
- Metal Occlusal/Lingual
- Reduce/mark on opposing

**Centric Contact**

- Foil Relief
- Positive
- CUSP FOSSA

**Contacts**

- Broad
- Normal
- Point



**Orthodontics**

- Splints  Mouthguard \_\_\_\_\_  Other \_\_\_\_\_

**Denture Removables:**

- Acrylic Partial  Cast Partial  Full Denture

**Details:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Tab Shade: \_\_\_\_\_ Stump Shade: \_\_\_\_\_

Implant System: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Parts Sent by Doctor:  Yes  No

Letter from Surgeon:  Yes  No