

LABORATORY USE

Case No.: _____ Pickup Date: _____

Custom Shade / Staining: DR LAB Date: _____



Solaris Dental Solutions

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DOCTOR: _____

PATIENT: _____ M F Age: _____
Please Print

DATE PREPARED: _____ APPT DATE/TIME: _____

DATE DUE ON (BY 5:00 P.M.): _____

12 working days from received date

Please check all items enclosing:

- | | |
|--|--|
| <input type="checkbox"/> Impression | <input type="checkbox"/> Analog/Abutment |
| <input type="checkbox"/> Opposing Model | <input type="checkbox"/> Implant Tool |
| <input type="checkbox"/> Study Model | <input type="checkbox"/> Articulator |
| <input type="checkbox"/> Bite Registration | <input type="checkbox"/> Shade Tab |
| <input type="checkbox"/> Partial | <input type="checkbox"/> Picture |
| <input type="checkbox"/> Attachment | <input type="checkbox"/> Old Crown |

CONTACTS

- LIGHT
- MEDIUM
- BROAD

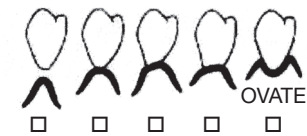
OCCLUSION

- OUT
- SLIGHTLY OUT
- HEAVY-TOUCHING OPPOSING

IF NO OCCLUSAL CLEARANCE

- METAL OCCLUSAL
- ADJUST OPPOSING
- METAL ISLAND
- REDUCTION COPING
- CALL ME

PONTICS DESIGN



METAL DESIGN



- PORCELAIN BUTT MARGIN
- FLAT EMERGENCE PROFILE

RESTORATION

- ZIRCONIA
- DIAMOND CROWN (COMPOSITE)
- PORCELAIN TO METAL (P.F.M)
- FULL CAST CROWN
- IMPLANT
- EMPRESS ESTHETIC
- EMPRESS EMAX
- CAPTEK

METAL TYPE

- HIGH NOBLE (BIO2000 PURE GOLD)
- HIGH NOBLE (YELLOW GOLD)
- HIGH NOBLE (WHITE GOLD)
- NOBLE (SEMI-PRECIOUS)
- NON-PRECIOUS

TYPE

- CROWN
- ONLAY/INLAY
- DIAGNOSTIC WAXUP
- VENEER
- BRIDGE

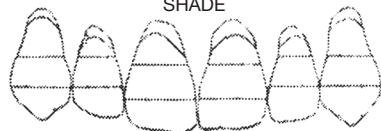
I N S T R U C T I O N S

ENAMEL SHADE _____

DENTIN SHADE _____



SHADE



PLEASE SEND A STUDY MODEL
for all work involving anterior teeth

- STANDARD** **ELITE** **ELITE PLUS**

WHITE: LAB COPY YELLOW: DOCTOR COPY

Signature _____

License No. _____