

Doctor \_\_\_\_\_

Patient's name \_\_\_\_\_ M F Age \_\_\_\_\_

Date prepared \_\_\_\_\_ Appointment date \_\_\_\_\_

# INSTRUCTIONS

Finish shade \_\_\_\_\_ Prep.(Stump) Shade \_\_\_\_\_

### Specific restorative materials

#### All ceramic

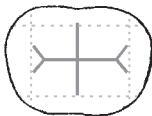
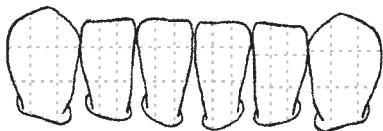
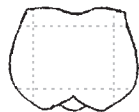
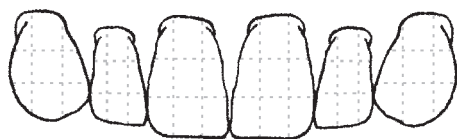
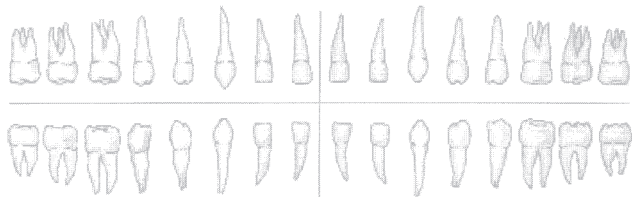
- IPS Empress Aesthetic
- IPS Emax
- Zirconia

#### Porcelain to metal

- High Noble ( yellow )
- High Noble ( white )

#### Full cast crowns

- High Noble ( yellow )
- High Noble ( white )



All Restorations Made in Canada

DR. SIGNATURE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

### Incisal Translucency

	A	No Translucency
	B	Low Translucency
	C	Medium/Heavy Translucency

Surface texture  None  Low  Medium  Heavy

Occlusal stain  None  Low  Medium  Heavy

#### Margin design

Porcelain to margin  Porcelain Butt margin  Fine Metal Collar

#### Centric contact

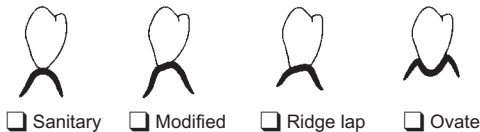
Foil relief  Positive contact  Cusp Fossa

- Metal Try-in
- Bisque Try-in
- Finish

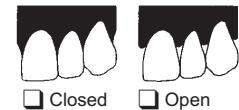
#### Glaze

Natural  Matt  High glaze

#### Pontics



#### Gingival Embrasures



Adjust Opposing if necessary  Yes  No  Reduction Coping

Adjust Preps if necessary  Yes  No  Call Doctor

#### Smile design Required for all anterior cases

Smile catalog collection \_\_\_\_\_

#### Size and golden proportion

central length \_\_\_\_\_ mm lateral length \_\_\_\_\_ mm canine length \_\_\_\_\_ mm

central width \_\_\_\_\_ mm lateral width \_\_\_\_\_ mm canine width \_\_\_\_\_ mm

Shimbashi Vertical Measurement \_\_\_\_\_



220 - 251 Midpark Blvd SE  
 Calgary, AB Canada T2X 1S3  
 Tel 403-277-1799, Fax 403-277-1771  
 finosmile@gmail.com www.finolab.com