

LUNA DENTAL LAB

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DOCTOR: _____ DATE: _____

ADDRESS: _____

PATIENT: _____

DATE WANTED: TRY IN FINISH _____ TIME _____

- | | | | | | |
|--|---|---|--|----------|--|
| <input type="checkbox"/> PORC. BUTT JOINT
<input type="checkbox"/> PORC. MARGIN
<input type="checkbox"/> METAL BAND MARGIN | <input type="checkbox"/> PORCELAIN
<input type="checkbox"/> METAL
<input type="checkbox"/> MOD. RIDGECLAP | <input type="checkbox"/> PONTIC DESIGN
<input type="checkbox"/> HYGENIC
<input type="checkbox"/> BULLET SHAPE | <input type="checkbox"/> CONTACTS
<input type="checkbox"/> BROAD
<input type="checkbox"/> NORMAL
<input type="checkbox"/> POINT | | |
| | | | | MARGIN | |
| | | | | OCCLUSAL | |
| | | | | SHADE | |

R

CALL ME TO DISCUSS DR. SIGNATURE _____

TRY IN FINISH

NOTE:
 FOR DESIGN OR CONSTRUCTION OF CASES, PLEASE SEND FULL ARCH
 UPPER / LOWER MODELS WITH BITE TO ALLOW IDEAL TREATMENT DISCUSSIONS.

SHADE _____
 SHADE TAB ENCLOSED

DESIGN CASE HERE

