

SHAW LABORATORIES

2001 10 Ave SW, Calgary, AB T3C 0K4

CALGARY: 1.403.244.7485

KELOWNA: 1.800.488.8257

EMAIL: info@shawlabs.com



DR. NAME: _____ DR. PHONE #: _____

DATE REQUIRED: _____

PATIENT'S NAME: _____ GENDER: M F

ENCLOSED WITH CASE:

- | | | |
|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Opposing | <input type="checkbox"/> Bite | <input type="checkbox"/> Analog |
| <input type="checkbox"/> # of impressions | <input type="checkbox"/> Old Bite | <input type="checkbox"/> Shade Tab |
| <input type="checkbox"/> Impression Post | <input type="checkbox"/> Pictures | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Study Model | <input type="checkbox"/> Other _____ | |

ZIRCONIA:

- High Strength
- Multi Shaded
- Aesthetic
- Layered

ALL CERAMIC:

- Emax
- Emax Layered
- Emax Multi

FULL GOLD:

- High Gold
- Semi Gold

PFM:

- Gold
- Semi Gold
- Non-Precious

Labial Margin:

- Metal
- Porcelain
- Butt 180° 360°
(check one)

Occlusion:

- Porcelain
- Metal

IMPLANT:

_____ Brand _____ Size _____

- Custom
- Stock

- Choose 1: Titanium Zirconia
 Gold Hue

PONTIC DESIGN:



No Ridgelap



Ridgelap



Sanitary



Hygienic



Ovate

SHADE: _____



OCCLUSAL PREFERENCE: Positive Foil Relief # of foils: _____

RX: _____

DOCTOR LICENSE

DOCTOR SIGNATURE