



Your Implant/Crown & Bridge Specialists

#2, 9343 - 50 Street NW
Edmonton, AB T6B 2L5
Ph: 780-488-4122
il: evolutionlab@telus.net

Doctor _____ Date Required _____

Patient _____ **Age** _____ **Gender** _____

PORCELAIN FUSED TO METAL RESTORATIONS

Occlusion Type Porcelain ☐ Metal ☐ Metal Island ☐

Margin Type

Fine Metal Collar <input type="checkbox"/>	Fine Metal Collar <input type="checkbox"/>
(circumferential)	(lingual)

Porcelain to Margin ☐ Porcelain Butt ☐

Full Gold Restoration FGC ☐ Gold Inlay/Onlay ☐

ALL CERAMIC RESTORATIONS

Material Emax ☐ HT full Zirconia ☐ **Type** Full Crown ☐ Bridge ☐
 Zirconia ☐ Veneer ☐ Inlay/Onlay ☐
 Lab Choice ☐

OCCLUSIONS

Normal ☐ Out of Occlusion ☐
Light ☐

IMPLANT ABUTMENTS

Custom Zirconia ☐ Mill Stock ☐
Custom Titanium ☐ Custom Cast Gold ☐
Lab Choice ☐

RIDGE RELIEF

none ☐

light ☐

ovate ☐

Full



Buccal
Lap



Sanitary Lap



Hygienic



Tooth # (s) _____

Final Shade _____ Is the Patient Bleaching? YES ☐ NO ☐

Prep Shade _____ (required for all ceramic)



Will opposing teeth be restored? _____ YES ☐ NO ☐

OK to relieve opposing? _____ YES ☐ NO ☐

OK to relieve prep? _____ YES ☐ NO ☐ _____

Metal bite stop OK? YES ☐ NO ☐

Has this case been disinfected? YES ☐ NO ☐

Dentist's Signature _____ **Date** _____