

OFFICE
USE ONLY



ROBERTSHAW
DENTAL LAB

**ROBERTSHAW
DENTAL LABORATORY**

Unit #3, 84 Robarts Street
Nanaimo, B.C. V9R 2S5

Phone 250-754-3201

Email design@robertshawdental.com

Fax 250-754-3205

Toll Free 1-800-263-3533


Dr. _____ Date _____

Patient's Name _____

Time Wanted

M

F

Zirconia <input type="checkbox"/>	P.F.M. <input type="checkbox"/>	F.G.C. <input type="checkbox"/>
F.C.Z Full Contour <input type="checkbox"/>	Full Porcelain Occlusion <input type="checkbox"/>	F.G.C. <input type="checkbox"/>
Normal Trans 1200mp <input type="checkbox"/>	½ Metal Occlusion <input type="checkbox"/>	Inlay <input type="checkbox"/>
High Trans 720mp <input type="checkbox"/>	Metal Occlusal Island <input type="checkbox"/>	Onlay <input type="checkbox"/>
Ultra High Trans 550mp <input type="checkbox"/>		
P.F.Z. Porc Fused to Zr <input type="checkbox"/>	Labial Margin	Alloy
Zirconia Core <input type="checkbox"/>	Porcelain Butt <input type="checkbox"/>	High Nobel <input type="checkbox"/>
½ Zirconia Occlusion <input type="checkbox"/>	Porcelain to (combi) <input type="checkbox"/>	Nobel <input type="checkbox"/>
	Metal Collar <input type="checkbox"/>	Semi Precious <input type="checkbox"/>
		Non Precious <input type="checkbox"/>
All Ceramic <input type="checkbox"/>	Pontic Design	
eMax 500mp <input type="checkbox"/>		
Occlusal Contact	Positive <input type="checkbox"/>	Foil Relief <input type="checkbox"/>
		# of Foils _____
Interproximal Contact	Normal <input type="checkbox"/>	Broad <input type="checkbox"/>
		Firm <input type="checkbox"/>
Implant <input type="checkbox"/>	Manufacturer _____	Platform _____

Shade

shades@robertshawdental.com



Stump Shade _____

Dr. Signature _____