

# 18641



**Kinetic Dental**  
Aesthetics Laboratory

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KineticDental.com

**604-609-6090**

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Vancouver, BC V5T 1M5

Today's Date: **DD / MM / YY** Case #:

Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Office: \_\_\_\_\_

Patient First Name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Case #: \_\_\_\_\_

**Return Date: DD / MM / YY am pm**

Please check this box for Shade and Return date

Shade \_\_\_\_\_ Stump Shade \_\_\_\_\_

BUTT MARGIN  YES  NO

**What Is Included?**

- Impression
- Bite
- Opposing
- Shade
- Shade after prep
- Pre-op impression
- Photos
- Bite Stick
- Face Bow

**Occlusal Clearance**

- Positive Contact
- \*Foil Relief
- Out of Occlusion

**Alloy**

- Silver Semi Precious
- None Precious
- Yellow Gold %50
- Yellow High Gold %72

**Occlusal Stain**

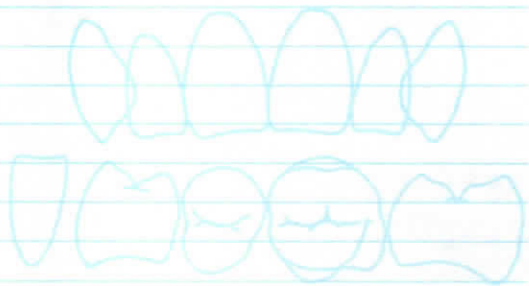
- none
- light
- \*medium
- dark

**PONTIC DESIGN**

**METAL DESIGN**

	MODIFIED RIDGE LAP	CONE	HYGENIC	SADDLE	RIDGE LAP	DENTIST'S DESIGN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**R** \_\_\_\_\_



SIGNATURE: \_\_\_\_\_

PLEASE SEND  Prescription Forms  Plastic Bags

**FOR LAB USE ONLY**

Check 1	Check 2	Porcelain	Solder	Metal	Metal Weight	Wax Weight	ingot
<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> gr.	<input type="checkbox"/> gr.	<input type="checkbox"/>
Start	Model	Wax	Metal	Porcelain	Polish		
<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	

DUE
CASE: