

Your full service dental laboratory!



34 East 2nd Avenue, Vancouver
 British Columbia, Canada V5T 1B1
 Main: 604-873-8000
 Dispatch: 604-873-1212
 Fax: 604-873-8527
 Toll Free: 800-663-5488
 info@protecdental.com
 www.protecdental.com

GERRIT VAN SCHALKWYK, C.D.T.
 Manager - Fixed Prosthetics / Implants
 gvanschalkwyk@protecdental.com

NEIL APPELBAUM, C.D.T.
 Manager - Removable Prosthetics / Implants
 nappelbaum@protecdental.com

PLEASE PHONE ME CONCERNING THIS CASE

DOCTOR _____ (please print)

DATE SENT _____ DATE WANTED _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

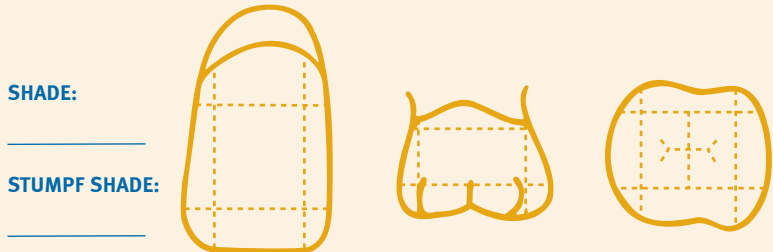
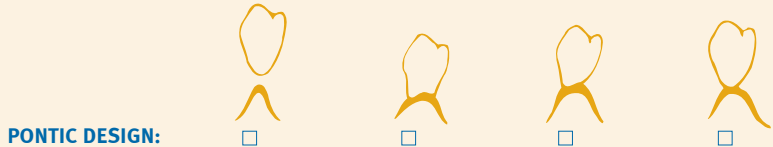
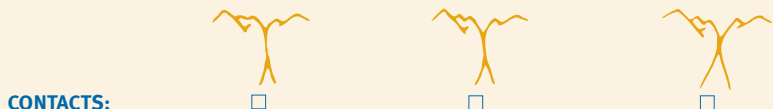
PATIENT'S NAME _____ AGE _____

PLEASE SEND SUPPLIES:

- RX SHEETS
- SHIPPING WAYBILLS
- PLASTIC BAGS
- SHIPPING BOXES
- MAILING LABELS
- SHIPPING BAGS

FIXED PROSTHETICS

- TYPE OF CROWN:** Full Metal Porcelain to Metal Post and Core
 IPS e.max® Zirconia Cristobal®
 Acrylic Temporary Implant
- CUSTOM IMPLANT ABUTMENT:** Titanium Zirconia
 Brand _____
- FULL METAL ALLOY:** White Non-precious Yellow Low Gold Yellow High Gold
- CERAMIC ALLOY:** White Non-precious White Low Gold White High Gold
 Yellow High Gold
- OCCCLUSION:** Metal Porcelain Combination
- LABIAL MARGIN:** Metal Combination Porcelain Butt
- OCCLUSAL CONTACT:** Positive Foil Relief # of Foils _____



SPECIAL INSTRUCTIONS: _____

DOCTOR'S SIGNATURE: _____

REMOVABLE PROSTHETICS

- TYPE OF DENTURE:** Cast Metal Partial Acrylic Partial
 Valplast® Partial Valplast® / Cast Metal Partial
 Complete Denture Over Denture Implant Denture

- PROCEDURE:** Bite Block Custom Tray
 Frame Try-in Setup Try-in
 Acrylic Finish Valplast® Finish
 Reline Rebase Repair

- TEETH:** Acrylic Premium Acrylic Economy Porcelain
 Shade _____ Mold _____ Type _____

