

# Winnipeg Crown Bridge Dental Laboratory Ltd.

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

Patient's Name: \_\_\_\_\_

Date Sent: \_\_\_\_\_ Time Wanted: \_\_\_\_\_

SHADE

**SPECIAL INSTRUCTIONS:**

**METAL DESIGN**



**PONTIC DESIGN**



A Type	<input type="checkbox"/> Full Contour	<input type="checkbox"/> PBM	<input type="checkbox"/> Zirconia	<input type="checkbox"/> IPS EMAX	<input type="checkbox"/> Implant
B Metal	<input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Yellow	<input type="checkbox"/> Semi Precious			<input type="checkbox"/> Titanium
C Occlusion	<input type="checkbox"/> Metal	<input type="checkbox"/> Porcelain			<input type="checkbox"/> Zirconia
D Centric Contact	<input type="checkbox"/> Foil Relief	<input type="checkbox"/> Positive Contact	<input type="checkbox"/> Cusp Fossa		Type/Size
E Lateral Excursion	<input type="checkbox"/> Cuspid Guidance	<input type="checkbox"/> Group Function			
F Margin Adaptation	<input type="checkbox"/> Exactly To Finish Line	<input type="checkbox"/> Slight Overextension			
G Labial Margin	<input type="checkbox"/> Fine Metal Collar	<input type="checkbox"/> Heavy Metal Collar	<input type="checkbox"/> Porcelain To Margin	<input type="checkbox"/> Porcelain Butt Margin	