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ATTN: _____

DOCTOR: _____

DATE: _____

ADDRESS: _____

DATE AND TIME TO BE RETURNED

TYPE OF RESTORATION: _____

REMAKE YES NO

IS THE PATIENT BOOKED YES NO

PATIENT'S NAME _____ AGE _____ M F

SEE OVER
 SHADE: _____ PREP SHADE*: _____ MOULD: _____
 *REQUIRED FOR ALL CERAMIC RESTORATIONS

CROWN AND BRIDGE:

RESTORATION:

- ZIRCONIA LAYERED
- FULL CONTOUR ZIRCONIA
- EMAX®
- PFM
- FULL GOLD UNIT
- POST AND CORE
- PMMA
- STUDY WAX-UP

ALLOY:

- HIGH NOBLE
- YELLOW
- WHITE
- SEMI-PRECIOUS
- NON-PRECIOUS
- TYPE III
- TYPE IV

OCLUSION:

- METAL
- BUCCAL CUSP
- LINGUAL CUSP
- ISLAND
- PORCELAIN
- FOIL RELIEF X _____
- POSITIVE CONTACT

IF SPACE NEEDED:

- TRIM OPPOSING AND IDENTIFY
- REDUCTION COPING*

DIE SPACER:

- YES
- NO

SHADE APPOINTMENT NEEDED:

- BASIC
- CUSTOM

MARGINS:

- PORCELAIN BUTT MARGIN
- 360° BUTT MARGIN
- PORCELAIN TO MARGIN
- METAL COLLAR

PONTIC

- MODIFIED RIDGE LAP
- BULLET
- HYGENIC
- OVATE

ATTACHMENTS: TYPE _____

IMPLANTS: BRAND _____ **SIZE** _____

- CEMENT RETAINED
- SCREW RETAINED
- OCCLUSAL
- LINGUAL*

*EXTRA CHARGE

DENTURE:

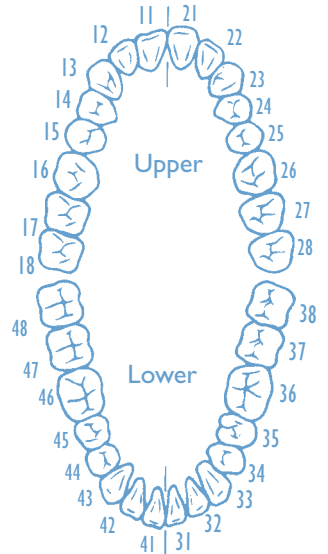
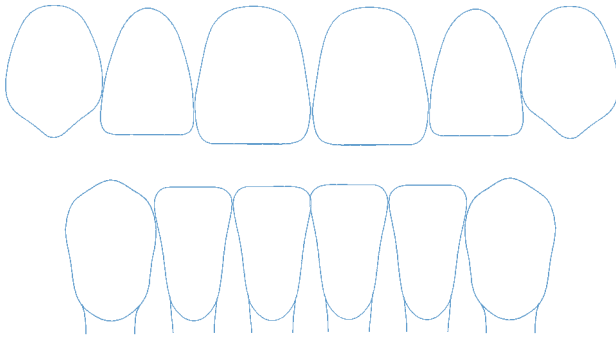
- DIGITAL DENTURE FINISH
- DIGITAL DENTURE TRY-IN
- CUSTOM TRAY
- STABILIZED BASE & OCCLUSAL RIMS
- SET-UP
- RESET
- PROCESS & FINISH
- FLEXIBLE
- FLIPPER

- CAST FRAMEWORK
- WAX BITE BLOCKS
- REPAIR
- LAZER WELD
- RELINE
- REBASE
- SOFTLINER
- MOUTHGUARD
- BLEACHING TRAY
- SURGICAL STENT

ORTHODONTICS:

- UPPER
- LOWER
- BITEPLANE
- ALIGNERS
- HARD
- INDIRECT BONDING TRAY
- DUAL
- ALL FLEX
- CLEAR RETAINER
- HAWLEY
- SPRING RETAINER
- SPACE MAINTAINER
- OTHER (OVER)

INSTRUCTIONS:



ENCLOSED:

- SHADE TAB PHOTOS PARTS: _____
 DIAGRAM PHOTOS EMAILED _____

PLEASE SEND:

- BOXES
 RX FORMS

SIGNATURE _____ DDS