

Walker Dental Laboratories Ltd.

#602-275 Lansdowne Street Kamloops, B.C.

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Email: walkerdental@telus.net

Co-Owners

Kenneth O Maydaniuk RDT

Christophe Chave RDT

Date _____

Doctor _____

Address _____

Patient's Name _____

Date Required Try-in _____ Finish _____



Type of Crown or Bridge

Metal PFM All-Ceramic

Alloy

Gold Type III 52% Ceramic alloy 90% Hi-Gold Ceramic

Non Precious

Occlusion

Metal Porcelain Foil Relief Positive

Margin

Metal Combination Porcelain Butt

Pontic

Ridge Lap Sanitary Hygienic

Partials

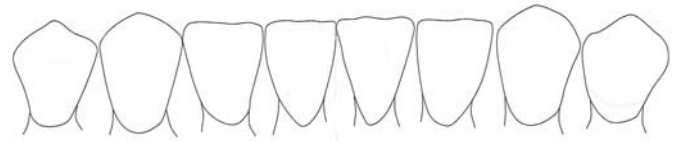
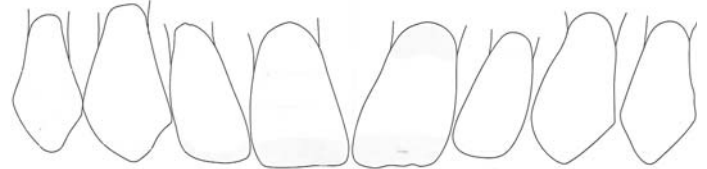
Cast Partial Acrylic Flexible

Clasps

Cast Wrought Wire Tooth Color Flexi-Clasp

Night Guard

Hard Acrylic Impak Dual Laminate



Shade _____ Photo Yes No

Occlusal Stain Yes No

Lustre Hi Med Lo

Texture Smooth Light Med Heavy

DOCTOR'S SIGNATURE _____