



POLAR DENTAL LAB
17316 106A Ave
Edmonton, AB T5S 1E6

Phone: (780) 440-3844

DOCTOR _____

CLINIC NAME _____ DATE IN _____

PATIENT _____ DATE REQUIRED _____

AGE _____ GENDER _____ TIME _____

CROWN & BRIDGE

MATERIAL: EMAX FC Zirconia Zirconia with
 Full Gold PFM layered porcelain

OCCCLUSION:

Anterior: Metal Porcelain
Posterior: Metal Porcelain Metal Island

BUCCAL / LABIAL MARGIN:

Porcelain Butt Porc. / Metal Metal Collar

METAL: Final Shade _____ Stump Shade _____

- Ceramic Gold (White)
- Yellow Gold
- Semi-Precious (White)



REMOVABLES

Denture Partial Ortho

Shade _____ Mould _____

R_x

