540 Armstrong Road,
Kingston, ON K7M 7N8
reception@kingstonlab.com

Phone: 613-634-4391
Fax: 613-634-6255
Toll Free: 1-877-298-8808

CENTRAL DENTAL LABORATORIES (KINGSTON)

FROM: _____ Date: _____

Address: _____ Phone: _____

City/Prov.: _____ Sex: M ☐ F ☐ Age: _____

Patient's Name: First: _____ Last: _____

Type of Restoration: _____

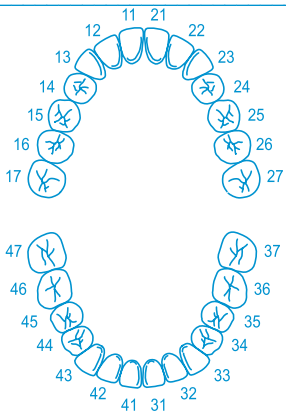
Deliver Case by 4:30 PM Try-in ☐

on _____ Finish ☐

CENTRIC CONTACT	1. FOIL RELIEF ☐	2. POSITIVE CONTACT ☐	3. CUSP FOSSA ☐
LATERAL EXCURSION	1. CUSPID GUIDANCE ☐	2. GROUP FUNCTION ☐	
MARGIN ADAPTATION	1. EXACTLY TO FINISH ☐		
LABIAL MARGIN	1. FINE GOLD COLLAR ☐	2. PORCELAIN BUTT MARGIN ☐	3. PORCELAIN TO MARGIN ☐
PONTIC DESIGN	1. HARMONY ☐	2. CONE ☐	3. HYGENIC ☐ 4. RIDGELAP ☐
CONTACTS (EMBRASSURES)	1. BROAD ☐	2. NORMAL ☐	3. POINT ☐
ALLOY:	NON-PRECIOUS ☐	SEMI-PRECIOUS ☐	PALLADIUM ☐ PRECIOUS ☐

FINAL SHADE _____

STUMP SHADE _____



Partial Dentures

Upper
- horseshoe palate
- full palate
- palatal strap
- closed oval
- high lingual

Lower
- regular bar
- kennedy bar
- lingual plate

Clasps
- cast clasps
- wrought wire

Other
- smooth finish
- metal pontic
- metal onlay
- unilateral

Professional's Signture: _____