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**DR** \_\_\_\_\_

**PATIENT'S NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_ **DATE REQUIRED** \_\_\_\_\_

**RESTORATION**

**CROWN**

**BRIDGE**

FULL GOLD CROWN

E.MAX

ZIRCONIA

**CENTRIC CONTACT**

POSITIVE

LIGHT

FOIL RELIEF

**CONTACTS ( EMBRASSURES )**

BROAD

NORMAL

POINT

**PONTIC DESIGN**

HARMONY

CONE

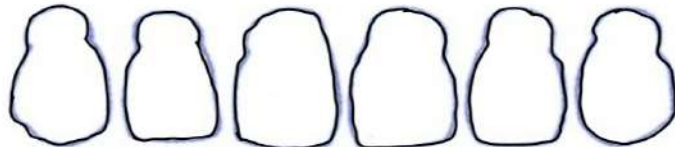
HYGENIC

RIDGELAP

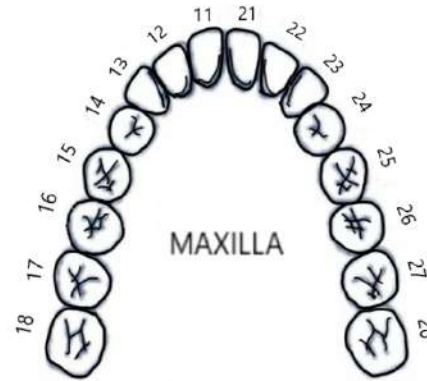


**TOOTH #** \_\_\_\_\_

**SHADE** \_\_\_\_\_



**CASE DESIGN**



*R*