



ASTRO DENTAL ART

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Doctor _____ Rx Date _____

Patient (please print) _____ Male Female Age _____

Date Required : _____ **Time :** _____

Other Items Included Photos Bite Registration Old Crown Impression
 Models Shade Guide Articulator Other _____

- Return For : Die Trim Metal Try Finish
 - Gold Content : Non-Precious Semi-Precious Hi-Precious
 - Full Gold Yellow Full Gold Silver
 - Occlusion : Metal Porcelain
 - Margin : Fine Metal Collar Porcelain to Metal Porcelain Butt No Showing Metal 360°
 - Occlusion : Positive Contact Foil Relief Out of Occlusion Cusp Fossa
 - Pontic Design : Hygenic Ridge Lap Harmony Cone Saddle
 - Contacts : Broad Normal Point Please Call
 - Insufficient Room : Reduction Coping Reduce & Mark Please Call
- Shade _____
Stump Shade _____

Rx



Please Send more : Prescription Bags