



PIONEER DENTAL LABORATORIES LTD.

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10665 Jasper Ave., Edmonton, AB T5J 3S9
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DOCTOR _____

PATIENT _____

PATIENT'S PHONE NO. (IF REQUIRED) _____

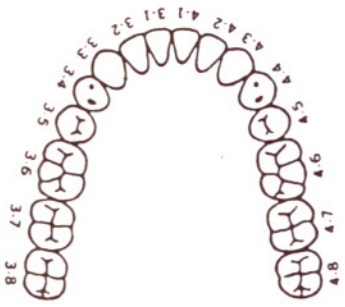
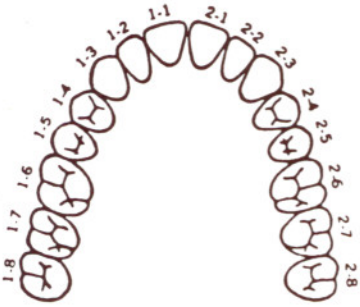
DATE (TIME) REQUIRED _____

SHADE _____ MOULD _____



PLEASE INDICATE CASE REQUIREMENTS BELOW

A	METAL	GOLD	50% GOLD	SEMI PREC	NON PREC
B	OCCLUSION	METAL	PORCELAIN	HALF & HALF	
C	LABIAL MARGIN	FINE METAL COLLAR	HEAVY METAL COLLAR	PORCELAIN TO MARGIN	ALL PORCELAIN MARGIN
D	Veneer Inlay / Onlay		PFM Dicor	Willi's Glas Vita Hi-Ceram	
E	PONTIC DESIGN	1 HARMONY	2 CONE	3 HYGENIC.	4 RIDGELAP



Rx