



PIONEER DENTAL LABORATORIES LTD.

10119 - 150 Street, Edmonton, AB T5P 1P2  
Ph (780) 413-9883 • Toll Free 1-800-450-8599

DOCTOR \_\_\_\_\_

PATIENT \_\_\_\_\_

PATIENT'S PHONE NO. (IF REQUIRED) \_\_\_\_\_

DATE (TIME) REQUIRED \_\_\_\_\_

SHADE \_\_\_\_\_ MOULD \_\_\_\_\_

STUMP SHADE \_\_\_\_\_ (REQUIRED FOR ALL CERAMIC RESTORATIONS)



PLEASE INDICATE CASE REQUIREMENTS BELOW

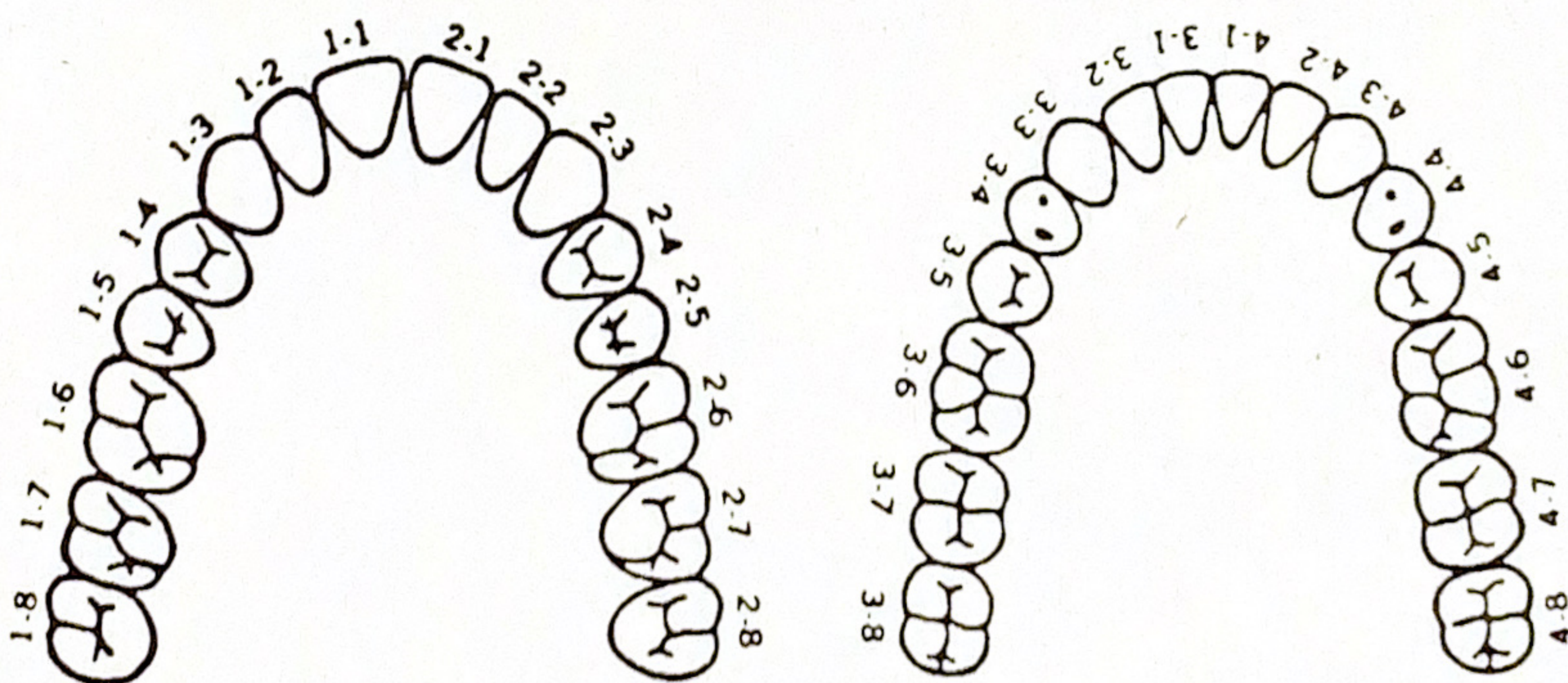
A METAL GOLD 50% GOLD SEMI PREC NON PREC

B OCCLUSION METAL PORCELAIN HALF & HALF

C LABIAL MARGIN FINE METAL COLLAR HEAVY METAL COLLAR PORCELAIN TO MARGIN BUTT MARGIN

D Veneer Inlay / Onlay Zirconia E-Max

E	PONTIC DESIGN	1 HARMONY	2 CONE	3 HYGENIC.	4 RIDGELAP
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



RX