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Doctor: _____ Date Prepared: _____

Address: _____

Phone: _____ Sex: M F Age: _____

Patient's Name: _____ Given Name: _____

Try-In Date Required: _____ Time Wanted: _____ A.M. P.M.

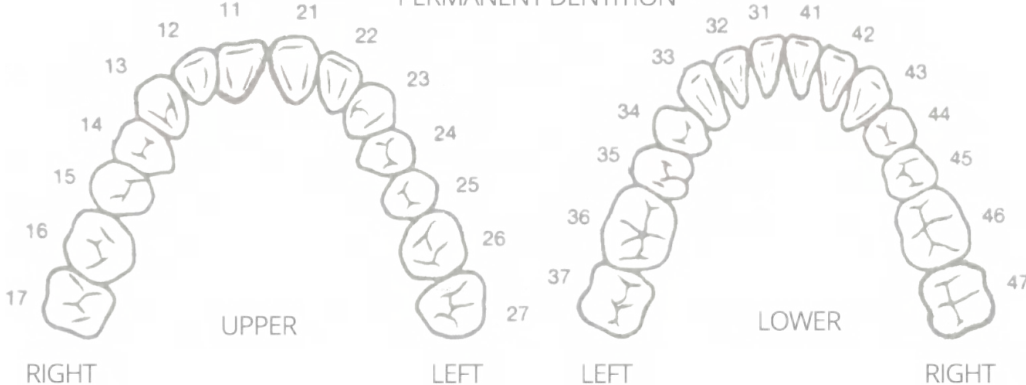
Finish Date Required: _____ Time Wanted: _____ A.M. P.M.

IMPLANTS RETRIEVABLE CEMENTED CB ALLOY (PFM) TITANIUM ZIRCONIA		PORCELAIN FUSED TO METAL CROWN BRIDGE	PONTIC RIDGELAP MOD. RIDGE HYGENIC	METAL RESTORATIONS FULL METAL CROWN 3/4 METAL CROWN INLAY/ONLAY POST AND CORE
ALL CERAMICS EMPRESS BRIDGE E-MAX ONLAY ZIRCONIA CROWN VENEER		ALLOY NON-PRECIOUS PALLADIUM GOLD (WHITE) HIGH GOLD (YELLOW)	MARGIN METAL BAND PORCELAIN TO MARGIN PORCELAIN BUTT	NIGHT GUARDS MAXILLARY MANDIBULAR THERMAL FLEX HARD (SOFT) PROFORM ESSIX STYLE DUAL LAMINATE

IMPRESSION STERILIZED

Design Case Here:

PERMANENT DENTITION



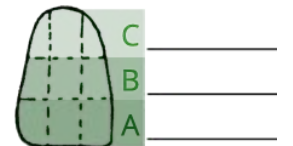
Note:

SHADE SPECIFICATION:

SPECIAL SHADE SELECTION



STUMP SHADE:



Dentist's Signature: _____