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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.

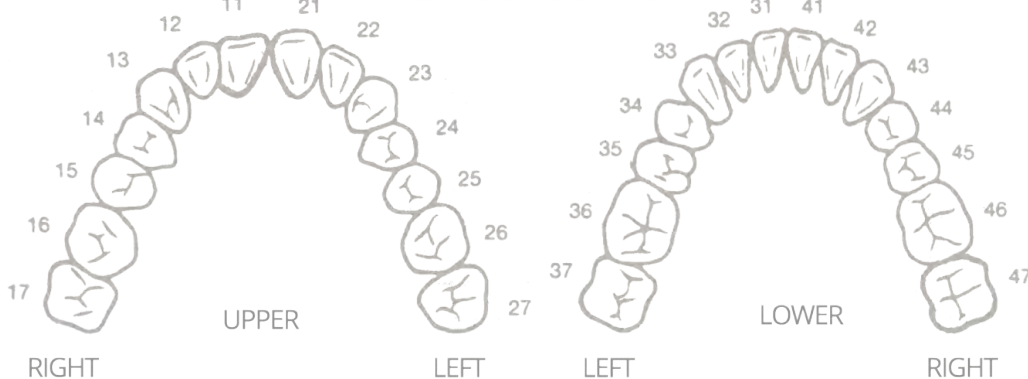
Finish Date Required: _____ Time Wanted: _____ A.M. P.M.

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

IMPRESSION STERILIZED

Design Case Here:

PERMANENT DENTITION



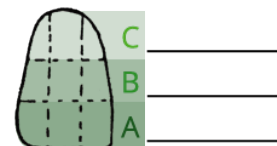
Note:

SHADE SPECIFICATION:

SPECIAL SHADE SELECTION



STUMP SHADE:



Dentist's Signature: _____

"STRIVING FOR PERFECTION AND ACHIEVING EXCELLENCE"