

BI CAD

Dental Laboratories Ltd.

2058 - 2560 Shell Road Richmond BC V6X 0B8
Phone: 604-270-2230 info@biocaddental.ca

CASE #	_____
PAN #	_____
TECH ID	_____
Alloy	_____g

CLINIC/DOCTOR _____ DATE _____

PATIENT _____ D.O.B. _____ M / F

REQUIRED DATE _____ AM / PM

INSTRUCTIONS

OCCLUSAL RELIEF POSITIVE LIGHT _____ FOIL

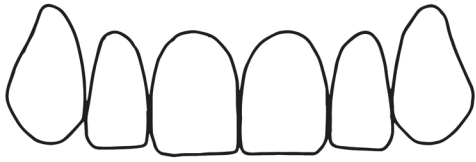
INTERPROXIMAL CONTACT REGULAR LIGHT TIGHT

PONTIC DESIGN 

PONTIC RIDGE STONE REDUCTION NON MINOR MEDIUM _____ MM

SHADE _____

STUMP SHADE _____



DOCTOR'S SIGNATURE _____