

Walker Dental Laboratories Ltd.

#602-275 Lansdowne Street Kamloops, B.C.

V2C 1X8

Tel: 250-374-4313

Fax: 250-377-8113

Email: walkerdental@telus.net

Co-Owners

Kenneth O Maydaniuk RDT

Christophe Chave RDT

Date _____

Doctor _____

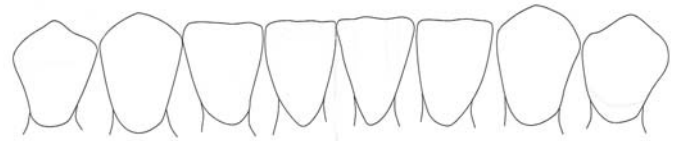
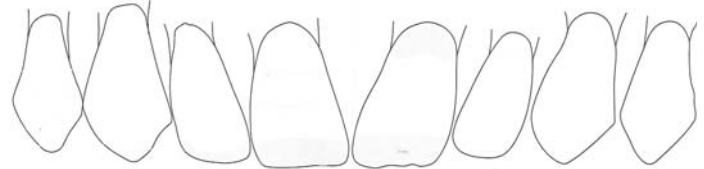
Address _____

Patient's Name _____

Date Required Try-in _____ Finish _____



<u>Type of Crown or Bridge</u>		
Metal	PFM	All-Ceramic
<u>Alloy</u>		
Gold Type III	52% Ceramic alloy	90% Hi-Gold Ceramic
Non Precious		
<u>Occlusion</u>		
Metal	Porcelain	Foil Relief
Positive		
<u>Margin</u>		
Metal	Combination	Porcelain Butt
<u>Pontic</u>		
Ridge Lap	Sanitary	Hygienic
<u>Partials</u>		
Cast Partial	Acrylic	Flexible
<u>Clasps</u>		
Cast	Wrought Wire	Tooth Color Flexi-Clasp
<u>Night Guard</u>		
Hard Acrylic	Impak	Dual Laminate



Shade _____	Photo	Yes	No	
Occlusal Stain	Yes	No		
Lustre	Hi	Med	Lo	
Texture	Smooth	Light	Med	Heavy

DOCTOR'S SIGNATURE _____