



**NOVIDENT**  
Dental Laboratory Ltd.

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**DOCTOR:** .....

Date: \_\_\_\_\_

**Address:** .....

Pan: \_\_\_\_\_

**Patient:** .....

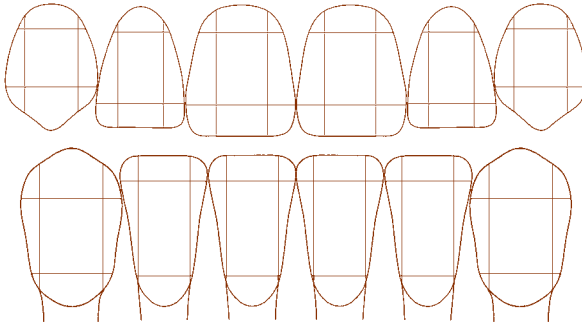
Received: \_\_\_\_\_

.....  **M**  **F** **Age:** .....

**Required (Date & Time):** .....

Try-In (Bisque Bake)       Finish (Glaze & Polish)

**SHADE:** .....



**TYPE OF RESTORATION:**

**FIXED**

**ALLOY**

- Precious
- Semi Precious
- Non Precious

**OCCLUSSION**

- Metal
- Porcelain
- Positive
- Foil Relief

**PONTIC**

- Ridge Lap
- Modified R. Lap
- Bullet
- Hygienic

**MARGINS**

- Porc. Butt
- Regular
- Collar

**REMOVABLE**

**OCCLUSSION**

- Centric
- Balanced

**TOOTH ARRANGEMENT**

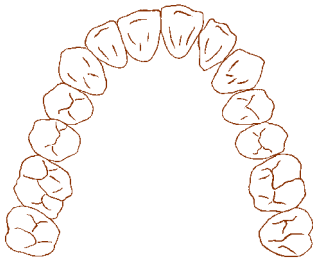
- Natural
- Follow diagnostic cast

**REQUIRED PROCEDURE**

- Set Up       Process
- Reset         Skeleton

*Difference Through Quality*

*Written instructions overleaf*



R<sub>x</sub>



Written Instructions



Date..... Signed..... D.D.S.

**LABORATORY USE ONLY**

Note: \_\_\_\_\_

Type of Alloy: \_\_\_\_\_ Weight: \_\_\_\_\_ Credit: \_\_\_\_\_

Case Included: \_\_\_\_\_

- |                             |                             |                             |                              |                              |                               |                               |
|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> UM | <input type="checkbox"/> UI | <input type="checkbox"/> BR | <input type="checkbox"/> USM | <input type="checkbox"/> USU | <input type="checkbox"/> UCBM | <input type="checkbox"/> DIES |
| <input type="checkbox"/> LM | <input type="checkbox"/> LI | <input type="checkbox"/> BB | <input type="checkbox"/> LSM | <input type="checkbox"/> LSU | <input type="checkbox"/> LCBM | <input type="checkbox"/> ART  |

OTHER: