



# DEAN DENTAL LABORATORIES LTD.

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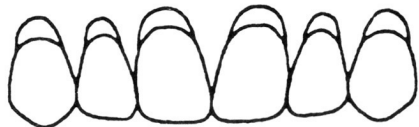
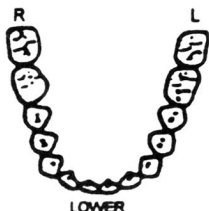
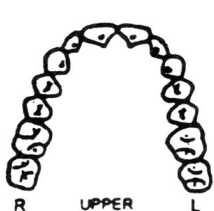
Date \_\_\_\_\_ Date Required \_\_\_\_\_

Doctor \_\_\_\_\_

Patient's Name \_\_\_\_\_

Mould \_\_\_\_\_ Shade \_\_\_\_\_

## INSTRUCTIONS:



### METAL

- GOLD
- SEMI-PREC
- NON-PREC

### OCCUSION

- METAL
- PORCELAIN

### CENTRIC CONTACT

- FOIL RELIEF
- POSITIVE CONTACT
- CUSP FOSSA

### LATERAL EXCURSION

- CUSPID GUIDANCE
- GROUP FUNCTION

### MARGIN

- CONVENTIONAL
- METAL COLLAR
- PORCELAIN BUTT

### GLAZE

- LOW
- MEDIUM
- HIGH

Doctor's Signature \_\_\_\_\_