

Pan# _____

Due date
DD/MM/YYYY

DENTCRAFT

DENTAL LABORATORY

106-5967 168 Street
Surrey , BC, V3S 3X5

604-372-3595
604-507-8555

Email: info@dentcraftdentallab.ca

Thinking Digital?



We have you covered!

Patient: _____

Dr. _____

Office : _____

M F

Shade : _____



Zirconia

PFM

Emax

Porcelain butt margin

Full Gold

Porcelain combination margin

Implant

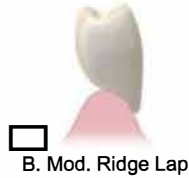
Fine Metal Band



PONTIC DESIGN



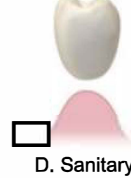
A. Ridge Lap



B. Mod. Ridge Lap



C. Stein

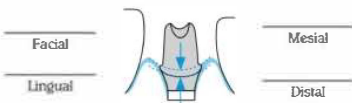


D. Sanitary

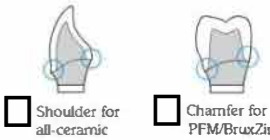


E. Ovate

ABUTMENT MARGIN DEPTH



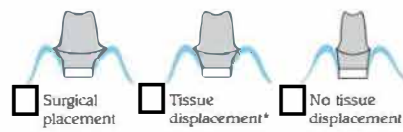
ABUTMENT MARGIN DESIGN



Shoulder for all-ceramic

Chamfer for PFM/BruxZir

ABUTMENT EMERGENCE PROFILE

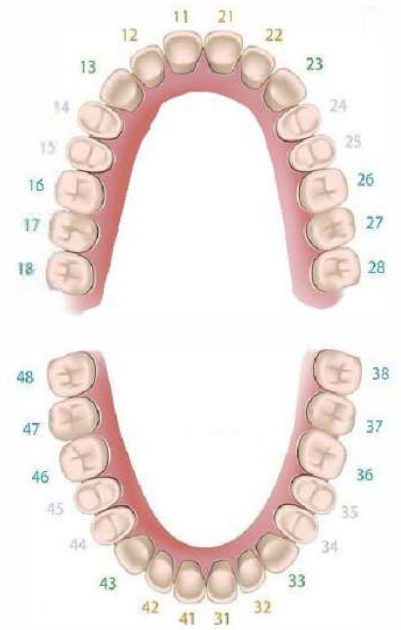


Surgical placement

Tissue displacement*

No tissue displacement

RX: _____



Created date : _____ Dr. Signature _____



Where Cutting Edge Technology & Artistry Collide

Made In Canada