



Pro-Esthetics DENTAL LABORATORY

60 Great Gulf Dr. #54 Concord, Ontario L4K 0K7

Tel:905-889-7766 ♦ Toll Free: 1-866-889-7766 ♦ info@pro-esthetics.com

"Committed to Excellence"

Doctor: _____ Date Sent : _____

Address: _____

Date Required _____ Time : _____

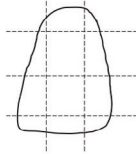
- AM Try In
- PM Finish

Patient: Mr. Mrs. _____ Age : _____

Neck _____

Body _____

Incisal _____

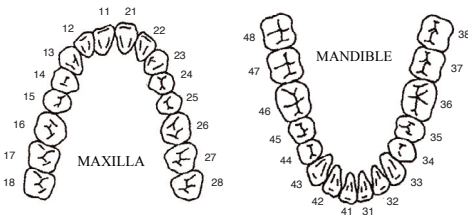


Pictures sent to:
info@pro-esthetics.com

Shade _____

Rx

-  Modified Ridge Lap
-  Hygenic
-  Bullet
-  Ridge Lap



Signature: _____ DDS.

Date: _____

www.pro-esthetics.com
e-mail: info@pro-esthetics.com

ALL CERAMIC

- Full Zirconia
- Zirconia Fused to Porcelain
- E-Max Crown
- E-Max Veneer

IMPLANT RESTORATION

- Implant System
Specify _____
Diameter _____
- Screw Retained
- Cementable

PORCELAIN FUSED TO METAL

- Porcelain Margin
- Porcelain To Metal Margin
 - (Yellow) 86% Gold
 - 54% Gold (High Noble Alloy)
 - 3% Gold (Noble Alloy)
 - Base Alloy

DENTURES

- Acrylic
- Cast Partial
- Flexible Partial (Valplast)
- Non Allergic Material

NIGHT GUARD

- Thermo Flex 3D
- Dual Form (Soft / Hard)
- Pro - Form (Soft)
- Hard Acrylic

ORTHO

Office Use Only

Received:

- Impression
- Articulator
- Opposing
- Photos
- Triple Tray
- Study Model
- Bite Registration
- Parts