

Personal Request Form

Office Information

Name: Phone: ()
Address: E-mail:
..... Website:

Technical Requests

Crown & Bridge

Alloys: 60% Gold (white) 90% Gold (yellow)
Occlusion: Porcelain ½ Metal (Porcelain Buccal Cusp)
Margins: Butt Chamfer Collars – Posteriors

Special C&B Requests:

Denture

Denture Base: Truevalue (plain Ivocap)
Charactone (characterized Ivocap)
Truelife (highly characterized Ivocap)
Post Dam: V-notch Bead Butterfly
Upper Palate: Smooth Rugae
Stippling Yes No

Special Denture Requests:

Cast Chrome

Clasping: Cast W.W. or NiTi (Please specify on Rx)
Double Bar : Horseshoe **Upper Finish:** Smooth Stippled
Lower Finish: Lingual Bar Apron

Special Cast Chrome Requests:

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Implants

Trays: Open Closed Surgical Stent Diagnostic Setup Custom Abutments

Special Implant Requests:

Orthodontics

Splint Preferred: Upper Lower

Special Orthodontic Requests: (Custom Orthodontic Rx and decals available upon request)

Other

Special Requests:

How did you hear about Pow Laboratories Inc.?

A Colleague

Journal Advertising

Internet Search

Phone Directory

Trade Show

Laboratory Representative

Other _____

What prompted you to send your first case?

Which periodicals do you read?

Oral Health Spectrum Ontario Dentist Dispatches Other _____

Office Details

Key Contact Name(s) _____

Other dentists working in the practice: _____

Office Hours _____

Permission to send information via email Yes No