



# AESTHETIC MINDS

DENTAL DESIGN

19 Four Seasons Pl, Suite 100  
 Toronto, ON. M9B 6E8  
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 Fax: 416.695.2777

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_








City/Prov.: \_\_\_\_\_ Sex: M  F  Age: \_\_\_\_\_

Patient's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

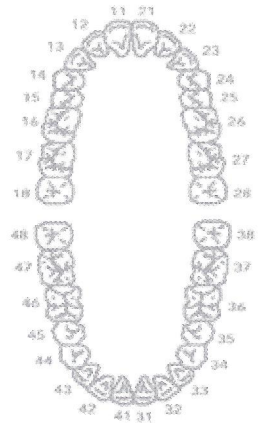
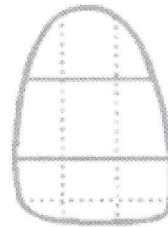
DATE REQUIRED: \_\_\_\_\_  TRY IN  FINISH

TIME REQUIRED: \_\_\_\_\_

MEDICAL ALERT:  DETAILS: \_\_\_\_\_

CENTRAL CONTACT	1. Foil Relief <input type="checkbox"/>	2. Positive Contact <input type="checkbox"/>	3. Cusp Fossa <input type="checkbox"/>
PONTIC DESIGN	1. Harmony 	2. Cone 	3. Hygienic  4. Ridgelap 
CONTACTS (EMBRASURES)	1. Broad 	2. Normal 	3. Point 
ALLOY	Non-Precious <input type="checkbox"/> Palladium <input type="checkbox"/>	Semi-Precious <input type="checkbox"/> Precious <input type="checkbox"/>	All Ceramic <input type="checkbox"/> Zirconia <input type="checkbox"/>

Shade Specification \_\_\_\_\_



Professional's  
 Signature: \_\_\_\_\_