MagellanDentalArts

Magellan Dental Arts Canada Ltd.
825 Powell St., Suite 220
Vancouver, BC V6A 1H7

Toll Free: 1.866.484.7920
Local Phone: 604.408.0698
Fax: 604.357.1115

info@magellandental.com
magellandental.com

DR. NAME _____

ADDRESS _____

PATIENT (first & last name) _____

MINIMUM DAYS REQUIRED FOR DELIVERY BACK TO DOCTORS OFFICE

ROUTINE CROWN AND BRIDGE / IMPLANT CASES (4 UNITS OR LESS)	10 BUSINESS DAYS
CUSTOM PROCERA CROWNS AND ABUTMENTS	15 BUSINESS DAYS
COMPLICATED CASE (4 UNITS OR MORE)	PLEASE CALL US

DUE DATE (for delivery by 5 pm)

_____

TEETH NUMBERS (please circle)

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

ALL CERAMIC

- ☐ Empress®
- ☐ Procera® (Zirconia)
- ☐ Cercon® (Zirconia)
- ☐ e.max®
- ☐ Ceramage® Composite
- ☐ DiamondCrown Composite

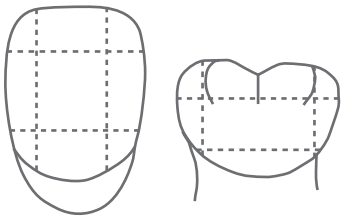
CERAMO METAL (PFM)

- ☐ High Gold Alloy
- ☐ Low Gold Alloy
- ☐ Titanium Alloy
- ☐ Procera® Titanium Alloy
- ☐ Non-Precious
- ☐ Other (specify) _____

FULL METAL

- ☐ High Gold Alloy
- ☐ Low Gold Alloy
- ☐ Titanium Alloy
- ☐ Non-Precious
- ☐ Other (specify) _____

SHADE



STUMP SHADE _____

SHADE _____

EMAIL DIGITAL PHOTOS TO: info@magellandental.com

PONTIC DESIGN (please circle)

OCCLUSION

- ☐ Light - 0.3 mm spacer
- ☐ Medium - 0.1 mm spacer
- ☐ Heavy – positive contact

INTERPROXIMAL CONTACTS

- ☐ Broad
- ☐ Normal

OCCLUSAL DESIGN

- ☐ Metal
- ☐ Porcelain
- ☐ Combination _____

MARGIN DESIGN

- ☐ Porcelain Butt 180° Lingual in metal
- ☐ Porcelain Butt 360° (butt requires > 0.5mm shoulder/ chamfer prep)
- ☐ Metal-porcelain junction
- ☐ Fine Metal

FOR LAB USE

Rx

IMPLANT CASES
Please Provide Details of Implant Type and Diameter _____

☐ Please call me about this case _____

Signature of Dentist _____ Date _____
(Person signing this authorization accepts sole responsibility for payment)

FOR OUR TERMS, POLICIES AND CONDITIONS PLEASE VISIT MAGELLANDENTAL.COM/TERMS

PLEASE SEND:

- ☐ Rx's
- ☐ Waybills
- ☐ Boxes
- ☐ Bags

Top Copy: Lab
Bottom Copy: Doctor