



EVOLUTION DENTAL SOLUTIONS

647.748.0498

306 Dundas Street West Unit 202, Whitby, On. L1N 2M5

LAB USE

Doctor _____ Date _____

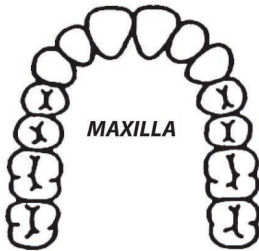
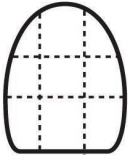
Address _____ **DATE REQUIRED** _____

_____ Time _____ a.m. _____ p.m.

Patient's Name _____

CHARACTERIZATION AND SHADE

Male Female Age _____



MAXILLA



MANDIBLE

MARGINS - METAL BAND
METAL - SEMI-PRECIOUS

PORCELAIN TO EDGE
50% WHITE GOLD
NON-PRECIOUS

GINGILITE
YELLOW GOLD

SignatureDDS