



Dentist \_\_\_\_\_ Clinic \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Patient \_\_\_\_\_ Gender  F  M Age \_\_\_\_\_

Tooth number(s) \_\_\_\_\_ Required date \_\_\_\_\_

Material  Zirconia  Metal  Glass-ceramic  Composite Implant platform \_\_\_\_\_  
Implant size \_\_\_\_\_

Shade and other instructions \_\_\_\_\_

Signature \_\_\_\_\_ Licence \_\_\_\_\_ Date \_\_\_\_\_

For an optimal result, please send a pre-op model or a model of the temporaries, as well as photos by email.

- DDO** ddo@camcube.ca 1351, boul. Sunnybrooke, Dollard-des-Ormeaux QC H9B 3K9
- Gatineau** gatineau@camcube.ca 15, boul. Gréber, Gatineau QC J8T 3P3
- Montréal** montreal@camcube.ca 2251, av. Letourneux, bureau 101, Montréal QC H1V 2N9
- Québec** quebec@camcube.ca 4715, av. des Replats, bureau 170, Québec QC G2J 1B8

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