

Dr.'s / Office _____ Incoming Date _____ AM
 PM
 Office Address _____ Try-in Date _____
 Patient _____ Due Date _____ AM
 PM
 Sex M / F Approx. Age _____

TYPE

IMPLANT

- ABUTMENT
 - Stock Abutment
 - Custom Abutment
 - Ti Zirconia Castable
 (w/Ti Base)
 - FINAL CROWN WITH
 - Transfer Jig Lab Screw

CROWN & BRIDGE

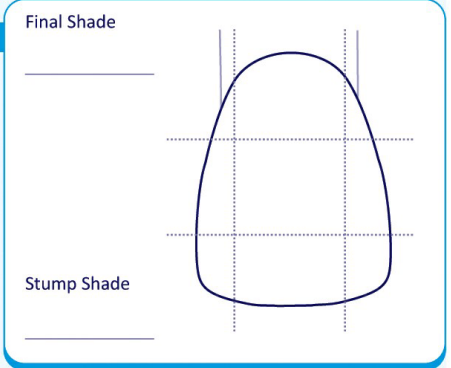
DIAGNOSTIC WAX UP

Teeth Numbers (Please circle)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PATIENT INFORMATION

○ Implant Info.			○ Abutment Info.	
Tooth#	System	Size	Type	Sub Margin (mm) Hole
		Regular	Hex	
		Regular	Hex	
		Regular	Hex	
		Regular	Hex	



RESTORATION TYPE

P.F.M.

- High Noble (Yellow)
- High Noble (White)
- Semi-Precious
- Base Metal

All Ceramic

- High Trans Zirconia
- Zirconia (Layered Monolithic)
- E.Max (Layered Monolithic)
- Empress
- Lava (Layered)
- Veneer
- Inlay • Onlay

Full Metal Crown

- High Noble Gold (74%)
- Normal Gold (46%)
- Semi-Precious
- Base Metal

Additional Doraclain margin _____ Metal Lingual _____ Metal Occlusal _____

ENCLOSED WITH CASE	MEMO
<input type="checkbox"/> Upper Impression/Cast	_____
<input type="checkbox"/> Lower Impression/Cast	_____
<input type="checkbox"/> Triple Tray	_____
<input type="checkbox"/> Bite	_____
<input type="checkbox"/> Impression Copping(Post)	_____
<input type="checkbox"/> Lab Analog	_____
<input type="checkbox"/> Stock Abutment	_____
<input type="checkbox"/> Study Cast	_____
<input type="checkbox"/> Digital File	_____
<input type="checkbox"/> Scan Body	_____
<input type="checkbox"/> Pris Photo	_____
<input type="checkbox"/> Articulator	_____
<input type="checkbox"/> Other	_____

Signature of Dentist _____ Dentist License # _____

Doctor signing this authorization accepts sole responsibility, and agrees to pay all legal costs in the event of a suit, including reasonable attorney fees, and to have any legal dispute filed and resolved within the county in which the lab resides. Terms: net 30 days, 1 1/2% per month service charge over 30 days.