

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	

Final Shade _____

Stump Shade _____

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
 - 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

- Upper Impression/Cast
- Lower Impression/Cast
- Triple Tray
- Bite
- Impression Copping (Post)
- Lab Analog
- Stock Abutment
- Study Cast
- Digital File
- Scan Body
- Pris Photo
- Articulator
- 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 country in which the lab resides. Terms: net 30 days, 1 1/2% per month service charge over 30 days.