

Case No.
Date
Due Date (day before appt.)
Lab Use - Account #

Dr. Name _____

Address _____

City _____ State _____

Phone # _____ Zip _____

Patient Last Name _____ Patient First Name _____

- R_x**
- Zirconia Full Contour Crown
 - Porcelain Fused to Zirconia Coping
 - Solid Zirconia Occlusal / Lingual
 - Veneers Implant
 - E.max Other _____

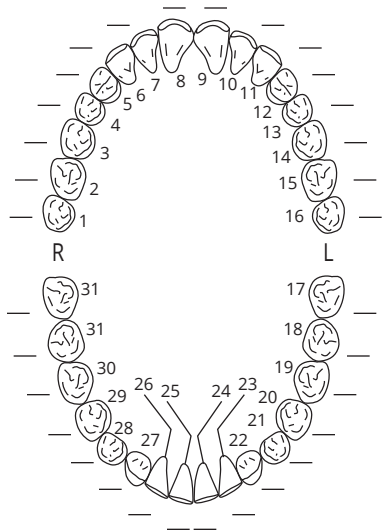
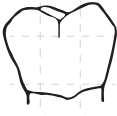
- CONTACTS: OCCLUSION:
- Light None/Light
 - Medium Medium
 - Heavy Heavy

PONTICS:



Indicate tooth shade
beside tooth #

Specific Instructions & Shade



Person signing this authorization accepts responsibility for payment and agrees to pay all legal costs, including reasonable fees.

Personal Signature of Dentist _____

Dentist's License No. _____

Terms: Net 30 Days. 2% Service Charger Over 30 Days.