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 www.authenticlab.com
 Texas Reg.#01470

All-Ceramic Restorations (Please indicate stump shade.)

- Authentic Brux Crown
- Authentic Brux Anterior
- Authentic Layered Zirconia Crown
- Authentic Hybrid (Zirconia Frame w/porcelain on facial)
- Lava Brux Crown
- Lava Layered Crown
- Emax: (FC) Stained Layered
- Veneer: Emax Feldspathic (ChromaTech)

Dr: _____ Date: ____/____/____
 Address: _____
 City: _____ State: _____
 ZIP: _____ Phone: _____
 Patient: _____ Age: _____ Sex: M F
 Patient Address: _____

Porcelain to Metal Full Cast Crowns Removable Appliances

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Base Alloy | <input type="checkbox"/> Base Alloy White | <input type="checkbox"/> Frame Try-In | <input type="checkbox"/> VALPLAST |
| <input type="checkbox"/> White Noble | <input type="checkbox"/> Base Alloy Yellow | <input type="checkbox"/> Set-Up Try-In | <input type="checkbox"/> FRS (Flexible partial) |
| <input type="checkbox"/> White High Noble | <input type="checkbox"/> White Noble | <input type="checkbox"/> Process/Finish | <input type="checkbox"/> CLEARsplint Niteguard |
| <input type="checkbox"/> Yellow High Noble | <input type="checkbox"/> Gold Noble | <input type="checkbox"/> Fully Fabricate | <input type="checkbox"/> Flipper |
| <input type="checkbox"/> CAPTEK | <input type="checkbox"/> Gold High Noble | <input type="checkbox"/> Ortho Case | <input type="checkbox"/> Mouth Guard |

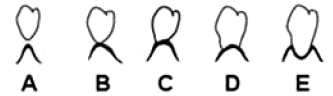
Margin: (circle one) Porcelain Shoulder - Metal - Porcelain to Metal - With Lingual Band - W/O Lingual Band

Occlusion: (circle one) Porcelain Occlusion - Metal Occlusion - **Occlusion:** IN or OUT of occlusion

Surface Texture: (circle one) Smooth - Moderate - Heavy

- Reduce and mark opposing if necessary
- Diagnostic Wax Up
- Provisional Restoration
- Lifetime Warranty
- Implant Case Custom Abutment Surgical Guide

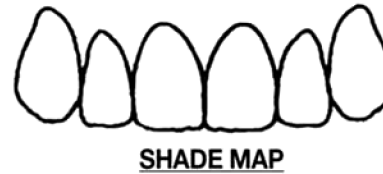
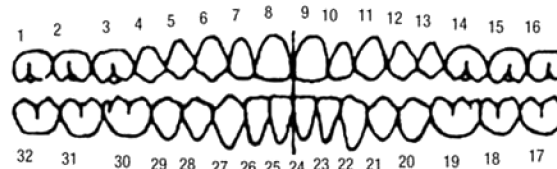
PONTIC DESIGN



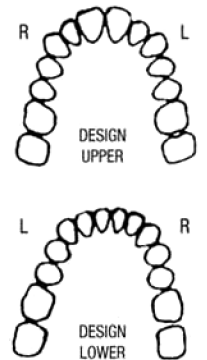
Due Date _____
 Case will be delivered by 5:00pm on due date.

Shade: _____
 Stump Shade: _____

Instructions: Please Call _____



PARTIAL DESIGN



(Recommended Full Arch Impression for 3 units or more)

License#: _____ Signature: _____ Date: _____

Terms: Accounts are due and payable upon receipt. A 2.5% monthly late fee will be added to all account balances after the 20th of each month. Balances that become 60 days past due will go on an automatic COD basis collecting the total balance due. Delinquent accounts will also be responsible for any/all legal costs and collection charges. Your signature indicates personal guarantee of our terms and our warranty/remake policies. All fees are due and payable in Bexar County, San Antonio, Texas.

- Please Send**
- Prescriptions
 - Boxes
 - Mailing Labels
 - Airbills