



Dr. Name: _____

Office Phone: _____ Dr. Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Pt. Name:

First: _____

Shade: _____

Due Date: _____

Last: _____

Stump Shade: _____

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

DOB: _____

Custom Shade Date: _____
(Pt will come to lab)

Rush Case
(consent to Rush Fee)

Female Male

Email Shade Photos: shades@authenticlab.com

All-Ceramic Restorations (Please indicate stump shade.)

- | | |
|---|--|
| <input type="checkbox"/> Authentic Brux Crown | <input type="checkbox"/> Emax (FC) Stained |
| <input type="checkbox"/> Authentic Brux Anterior | <input type="checkbox"/> Emax Layered |
| <input type="checkbox"/> Authentic Layered Zirconia Crown | <input type="checkbox"/> Emax Veneer |
| <input type="checkbox"/> Authentic Hybrid
(Zirconia Frame w/porcelain on facial) | |
| <input type="checkbox"/> Lava Brux Crown | |



Implant Case:

- Custom Abutment: (Check One) - Titanium or Zirconia
 Screw-Retained w/ access hole or Cementable w/ no access hole
- Ti Base Abutment: crown is attached w/ access hole

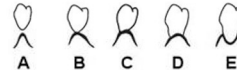
Emergence Width Options:

- Full anatomical dimensions- Largest diameter abutment provided with best emergence profile possible.
- Contour soft tissue (default)- Medium diameter anatomically shaped abutment up to 1.0mm larger than sulcus of model of soft tissue.
- No tissue displacement- Abutment with no soft tissue support. The abutment will not touch the soft tissue or stone model soft tissue.

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"/> White Noble | <input type="checkbox"/> Set-Up Try-In | <input type="checkbox"/> CLEARsplint Niteguard |
| <input type="checkbox"/> White High Noble | <input type="checkbox"/> Gold Noble | <input type="checkbox"/> Process/Finish | <input type="checkbox"/> Flipper |
| <input type="checkbox"/> Yellow High Noble | <input type="checkbox"/> Gold High Noble | <input type="checkbox"/> Fully Fabricate | <input type="checkbox"/> Mouth Guard |
| <input type="checkbox"/> CAPTEK | | <input type="checkbox"/> Ortho Case | |

PONTIC DESIGN



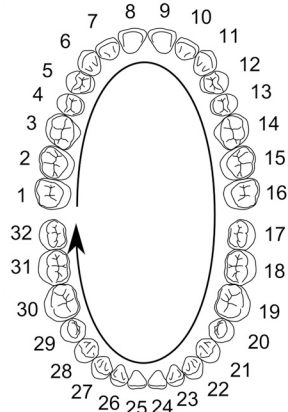
Margin: (circle one) Porcelain Shoulder - Metal - Porcelain to Metal - With Lingual Band - W/O Lingual Band

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

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

Instructions: Reduce & Mark Opposing if necessary
 Please call

- Please Send:**
- Prescriptions
- Boxes
- Mailing Labels
- UPS Labels



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.