



Dr. Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Dr. Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Pt. Name:**

First: \_\_\_\_\_ **Shade:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

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

Last: \_\_\_\_\_ **Stump Shade:** \_\_\_\_\_ **Pt. Appt:** \_\_\_\_\_

DOB: \_\_\_\_\_  Custom Shade Date: \_\_\_\_\_  **Rush Case**

(Pt will come to lab)

**(consent to Rush Fee)**

Female  Male

Email Shade Photos to: shades@authenticlab.com

**All-Ceramic Restorations (Please indicate stump shade.)**

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



**Implant Case:**

**Abutment Emergence Width Options:**

- Custom Abutment: (Check One) -  Titanium or  Zirconia
  - Crown w/ access hole or  Cementable Crown w/ no access hole
- Ti Base Abutment: Cemented crown on Ti Base Abutment w/access hole

- 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"/> White Noble	<input type="checkbox"/> White Noble	<input type="checkbox"/> VALPLAST
<input type="checkbox"/> White High Noble	<input type="checkbox"/> Gold Noble	<input type="checkbox"/> Set-Up Try-In
<input type="checkbox"/> Yellow High Noble	<input type="checkbox"/> Gold High Noble	<input type="checkbox"/> Flipper
		<input type="checkbox"/> Process/Finish
		<input type="checkbox"/> Thermoplastic Night Guard
		<input type="checkbox"/> Fully Fabricate
		<input type="checkbox"/> Acrylic Night Guard
		<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

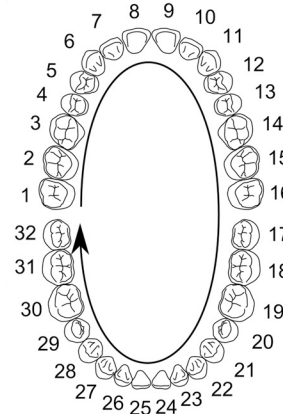
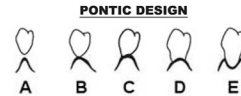
**Surface Texture:** (circle one) Smooth - Moderate - Heavy

**Lifetime Warranty:** \$25.00/unit

**Instructions:**  Reduce & Mark Opposing if necessary

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- 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.