



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.)**

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



**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"/> 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"/> CLEARsplint Niteguard
<input type="checkbox"/> CAPTEK		<input type="checkbox"/> Process/Finish
		<input type="checkbox"/> Flipper
		<input type="checkbox"/> Fully Fabricate
		<input type="checkbox"/> Mouth Guard
		<input type="checkbox"/> Ortho Case

**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 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.  
Authentic Dental Lab Digital Rx & All Digital Impression Scanners with pre-formatted Digital Rx's: If you send us any Digital Rx it is considered a signed formal prescription accepting the same Terms as our handwritten Rx's. The "Doctor" listed on the digital Rx is responsible for all charges associated with the case.

