



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"/> White Noble
<input type="checkbox"/> White High Noble
<input type="checkbox"/> Yellow High Noble
<input type="checkbox"/> CAPTEK | <input type="checkbox"/> Base Alloy White
<input type="checkbox"/> White Noble
<input type="checkbox"/> Gold Noble
<input type="checkbox"/> Gold High Noble | <input type="checkbox"/> Frame Try-In
<input type="checkbox"/> Set-Up Try-In
<input type="checkbox"/> Process/Finish
<input type="checkbox"/> Fully Fabricate
<input type="checkbox"/> VALPLAST | <input type="checkbox"/> Flipper
<input type="checkbox"/> Mouth Guard
CLEARsplint NG:
<input type="checkbox"/> Handmade
<input type="checkbox"/> Printed w/ Impression
<input type="checkbox"/> Printed w/ IOS |
|---|--|---|--|

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.

PONTIC DESIGN

