



DENTAL LABORATORY, INC.
1950 Bandera Rd • San Antonio, TX 78228

210.735.1433

Pt. Name:

First: _____

Shade: _____

Dr. Name: _____

Last: _____

Stump Shade: _____

Office Phone: _____ Dr. Cell: _____

City: _____

Address: _____

State: _____ Zip: _____

City: _____

Email: _____

DOB: _____

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

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

□ Female □ Male

Email Shade Photos: shades@authenticlab.com

Pt. Appt: _____

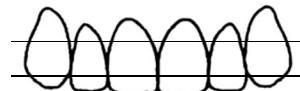
□ **Rush Case**
(Call for Rush Fee)

All-Ceramic Restorations

(Please indicate stump shade.)

- Authentic Zirconia Crown
- Authentic Zirconia (High-T) Crown
- Authentic Zirconia Layered Crown
- Authentic Hybrid Crown
(Zirconia Frame w/porcelain on facial)
- Authentic Zirconia Veneer
- Emax Crown
- Emax Layered Crown
- Emax Veneer

Shade Gradient



Implant Case:

Emergence Width Options:

- Authentic Ti Base with Screw Retained Crown
- Authentic Screw Retained Ti Custom Abutment:

- 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 soft tissue model.
- No tissue displacement- Abutment with no soft tissue support. The abutment will not touch the soft tissue or stone model tissue area.

- Type 1- with Screw Retained Crown
- Type 2- with Cemented Crown

PONTIC DESIGN



Porcelain to Metal

Full Cast Crowns

Removable Appliances

<input type="checkbox"/> Base Alloy	<input type="checkbox"/> Base Alloy White	<input type="checkbox"/> Valplast Partial	<input type="checkbox"/> Mouth Guard
<input type="checkbox"/> White Noble	<input type="checkbox"/> White Noble	<input type="checkbox"/> Cast Partial	<input type="checkbox"/> Night Guard- Clear
<input type="checkbox"/> White High Noble	<input type="checkbox"/> Gold Noble	<input type="checkbox"/> Acrylic Partial	<input type="checkbox"/> Handmade
<input type="checkbox"/> Yellow High Noble	<input type="checkbox"/> Gold High Noble	<input type="checkbox"/> Full Denture	<input type="checkbox"/> Printed

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

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

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

Instructions: Reduce & Mark Opposing if necessary

Please call

Please Send:	
<input type="checkbox"/> Prescriptions	
<input type="checkbox"/> Boxes	
<input type="checkbox"/> Mailing Labels	
<input type="checkbox"/> 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.

