



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: _____
(Pt will come to lab)

☐ **Rush Case**
(Call for Rush Fee)

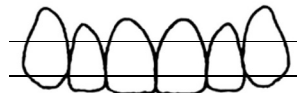
☐ Female ☐ Male

Email Shade Photos: shades@authenticlab.com

All-Ceramic Restorations (Please indicate stump shade.)

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

Shade Gradient



Implant Case:

- ☐ Authentic Ti Base with Screw Retained Crown
- ☐ Authentic Screw Retained Ti Custom Abutment:
- ☐ Type 1- with Screw Retained Crown
 - ☐ Type 2- with Cemented Crown

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 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.

Porcelain to Metal	Full Cast Crowns	Removable Appliances
☐ Base Alloy ☐ White Noble ☐ White High Noble ☐ Yellow High Noble	☐ Base Alloy White ☐ White Noble ☐ Gold Noble ☐ Gold High Noble	☐ Valplast Partial ☐ Cast Partial ☐ Acrylic Partial ☐ Full Denture
		☐ Mouth Guard ☐ Night Guard- Clear ☐ Handmade ☐ Printed

PONTIC DESIGN



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:

- ☐ 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-formed 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.

