



Doctor _____ Phone _____

Office Name _____

Patient _____

Appt Date _____ Appt Time _____

Case #

All Ceramic

- IPS e.max® LT/HT Crown
- IPS e.max® Inlay/Onlay
- IPS Empress® Veneer
- Layered Zirconia Crown
- Full Contour Zirconia Crown
- Lava™ Ultimate Zirconia

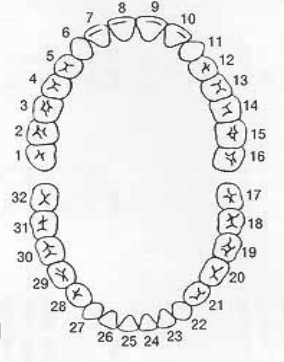
Tooth #(s): _____

Shade : _____

Prep _____

Shade: _____

- Light Occlusion
- No Occlusion
- Porcelain Butt Margin
- Porcelain/Metal Occlusal



PFM

- Non-Precious
- Noble, Semi-Precious
- High Noble, Precious

- Band:
- No Band
 - Lingual
 - 360

Notes _____

All Metal

- Full Gold Crown, Semi-Precious
- Gold Inlay/Onlay, Semi-Precious

Implants

- Custom Abutment Titanium/
Zirconia
- Implant Brand: _____
- Implant Size: _____
- Order Parts

Signed _____ D.D.S. Dentist's Lic # _____

Date _____

All accounts due within 30 days of statement date. A service charge of 2% per month or 19% annual will be added to past due accounts. Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal costs in