



2820 Scherer Drive N., Suite 240 • St. Petersburg, FL 33716
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LABORATORY PROCEDURE AUTHORIZATION

PLEASE WRITE CLEARLY TO ENSURE PROPER BILLING AND SHIPPING

Date Sent: _____

Dr. _____

Date Due: _____

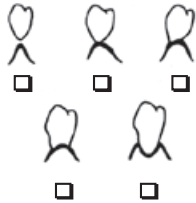
Patient: _____ / _____
 (Last) (First)

Age: _____ Sex: Male Female

SHADE INSTRUCTIONS



PONTIC DESIGN



ANTERIOR METAL DESIGN



POSTERIOR METAL DESIGN

- Full coverage
- Lingual metal collar
- Excluding buccal cusp
- Including buccal cusp

OCCLUSAL STAINING

- None
- Light
- Medium
- Dark

INSTRUCTION FOR BUCCAL MARGIN

- Metal hairline or _____ mm on buccal
- Metal-porcelain junction margin
- Porcelain butt margin (90° shoulder required)

IF NO OCCLUSAL CLEARANCE

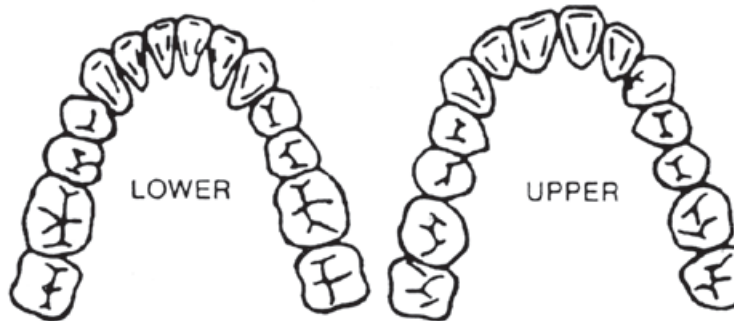
- Metal occlusion
- Reduction coping
- Spot opposing



SPECIFIC INSTRUCTIONS

NOTE: Please send a study model on all work involving anterior teeth.
 Also, send additional bite with triple tray.

TOOTH NUMBER



- Metal try in
- Bisque bake
- Finish
- PORCELAIN TO METAL**
- Non-precious
- Noble (Semi-precious)
- White high noble
- Yellow high noble
- Bio 3000
- ALL-CERAMIC**
- Wol-Ceram
- Procera
- Cercon
- Sculpture
- Veneer
- FULL CAST**
- Non-precious
- Noble (Semi-precious)
- Full cast (white H.N.)
- Full cast (yellow H.N.)
- Post & Core
- Inlay Onlay
- PARTIALS**
- Upper
- Lower
- Frame only
- Frame with bite block
- Frame w/teeth in wax
- Process and finish
- Complete partial
- Valplast
- DENTURES**
- Upper
- Lower
- Bite block
- Teeth in wax
- Process and finish
- Complete denture
- TEETH / ACRYLIC**
- Stock teeth
- Other: _____
- Standard acrylic
- Lucitone 199 acrylic
- Ethnic

ENCLOSED

Signature: _____

DDS License #: _____

___ Imp. ___ TT ___ Bite ___ Models ___ Arctic. ___ Crown/Bridge ___ Other

TERMS: All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to C.O.D. status and a late charge of 2% of the unpaid balance.

