





FIXED LABORATORY WORK AUTHORIZATION FORM






Doctor: _____ Rx Date: _____ Due Date: _____





Patient: _____ Age: _____ Sex: _____

SHADE INSTRUCTIONS	
	
Stump (Prep) Shade (Required for All-Ceramic)	Final Shade
<hr/>	
OCCL STAIN	
<input type="checkbox"/> None <input type="checkbox"/> Light* <input type="checkbox"/> Medium <input type="checkbox"/> Dark <small>* Standard unless otherwise specified</small>	
ALL-CERAMICS	
<input type="checkbox"/> Porcelain Veneer <input type="checkbox"/> PFZ Porcelain-Fused-to-Zirconia <input type="checkbox"/> Full-Contour ZR <input type="checkbox"/> Anterior > 600 MPa <input type="checkbox"/> CubeX ² > 700 MPa <input type="checkbox"/> Multi FZ > 1,000 MPa <input type="checkbox"/> IPS e.max®	
IMPLANTS - IMPLANT TYPE	
<input type="checkbox"/> Screw Retained <input type="checkbox"/> Titanium <input type="checkbox"/> Cement Retained <input type="checkbox"/> Custom Abutment <input type="checkbox"/> Zirconia	
PORCELAIN-FUSED-TO-METAL	
ALLOY TYPE <input type="checkbox"/> Non-precious <input type="checkbox"/> Semi-precious (integrity) <input type="checkbox"/> Precious (white) 52% Au <input type="checkbox"/> Titanium-Milled <input type="checkbox"/> Cr Co-Milled	FACIAL MARGINS <input type="checkbox"/> Show No Metal <input type="checkbox"/> Metal Margin .5mm <input type="checkbox"/> Porcelain Butt
FULL CAST RESTORATIONS	
<input type="checkbox"/> Non-precious (white) <input type="checkbox"/> Semi-precious (white) Ag Pd <input type="checkbox"/> Precious (yellow) 44% Au <input type="checkbox"/> Precious (yellow) 56% Au	

SPECIAL INSTRUCTIONS:

HAVE YOU INCLUDED THE FOLLOWING?	
<input type="checkbox"/> Bite	<input type="checkbox"/> Opposing
<input type="checkbox"/> Photos	<input type="checkbox"/> Model of Temps
<input type="checkbox"/> Pre-op Model	<input type="checkbox"/> Shade

PONTIC DESIGN				
				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>* Standard unless otherwise specified</small>				

METAL DESIGN			
			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small>* Standard unless otherwise specified</small>			

Please Send:

Rx's	BOXES
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Signature of Dentist

Dentist License #