





## 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/>	
OCCLUSAL 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"/> Prime - 1200 - 600 MPa <input type="checkbox"/> 3D Zirconia - 1250 MPa <input type="checkbox"/> Argen ST - 850 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	
<b>ALLOY TYPE</b> <input type="checkbox"/> Non-precious <input type="checkbox"/> Semi-precious <input type="checkbox"/> Precious (white) 52% Au <input type="checkbox"/> Titanium-Milled <input type="checkbox"/> CrCo-Milled	<b>FACIAL MARGINS</b> <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:**

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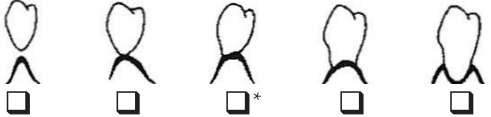

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HAVE YOU INCLUDED THE FOLLOWING?	
<input type="checkbox"/> Bite <input type="checkbox"/> Photos <input type="checkbox"/> Pre-op Model	<input type="checkbox"/> Opposing <input type="checkbox"/> Model of Temps <input type="checkbox"/> Shade
PONTIC DESIGN	
	
* Standard unless otherwise specified	
METAL DESIGN	
	
* Standard unless otherwise specified	

Please Send:

RxS	BOXES
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\_\_\_\_\_  
Signature of Dentist

\_\_\_\_\_  
Dentist License #