



115 Kempsville Rd • Suite 2 • Chesapeake, VA • 23320  
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Lab Use Only

Date
Dr.
Case #

Patient Name/ID \_\_\_\_\_ Date \_\_\_\_\_

Doctor \_\_\_\_\_ Office \_\_\_\_\_

Shade \_\_\_\_\_ Custom Shade  | Return for Die Trim  | Try-In

Patient Contact Info:

<b>Return On</b> _____-_____-_____
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**Instructions**

**All Ceramic**

- Full Contour Zirconia High Translucency
- Full Contour Zirconia High Strength
- PFZ Layered Zirconia Crown
- e.max
- Other

**Implant Abutments**

- Titanium
- Zirconia
- Hybrid - Zr w/Ti Interface
- Screw Retained Crown

Signature \_\_\_\_\_ DDS/DMD License No. \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The person signing this authorization and/or the dental practice accepts responsibility for payment of the related charges & agrees to pay all legal & collection costs in the event the amount is in collections or litigation, including reasonable fees.