



Laboratory Procedure Authorization

Dr. _____ Phone # _____

Date ____ / ____ / ____ Patient Name _____

Due Date ____ / ____ / ____ Gender Male Female Age _____

Items Included with Case:

- Master Impression (Qty. _____) Opposing Impression Bite Registration
- Impression of Provisionals Pre-operative Models Diagnostic Wax-Up

Materials:

Porcelain Fused to Metal

tooth #s _____

- High Noble
- Noble
- Porcelain Margin

Zirconia

tooth #s _____

- Framework (Layered)
- Full Contour

Full Cast

tooth #s _____

- High Noble
- Noble

Pressed Ceramic

IPS e max
tooth #s _____

Implant

Manufacturer _____ Platform _____

- Titanium** (Custom Stock) **Zirconia** (Custom Stock)

Shade of Preparation

Tooth #s _____ ND _____

Tooth #s _____ ND _____

Shade: Body Shade _____ Incisal Shade _____

Gingival Shade _____ Occlusional Staining: Light Dark

Incisal Translucency: Minimal (0.5mm) Moderate (1.0mm) Maximum (1.5mm)

Surface Texture: High Light Smooth (No Surface Texture)

Notes: _____

Doctor Signature _____ **License #** _____

(229-221-0053) | advancedceramicslab@gmail.com | advancedceramicslab.com



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