



4104 N. FREEWAY BLVD. • SACRAMENTO, CA 95834
(916) 830-7327 • (800) 786-8848
(916) 830-3769 (FAX)

DUE DATE

Laboratory Customers

Laboratory _____ PHONE _____

ADDRESS _____ CITY _____

PATIENT(PRINT)
FIRST NAME _____ STATE _____ ZIP _____

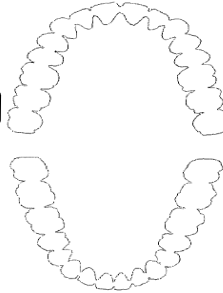
LAST NAME _____ AGE _____ M F

(PRINT CLEARLY)

MATERIAL

- FCZ (Full Contour Zirconia)
- LZ (Zirconia Coping for Layering)
- BruxZir
- WAX
- PMMA (Color or Clear Bite Splint)

SHADE



DESIGN

- BASIC COPING
- ANATOMICAL COPING
- LINGUAL ANATOMY
- LINGUAL BAND

OTHER _____

PRODUCT

- COPING
- FULL CONTOUR CROWN
- IMPLANT ABUTMENT
- BRIDGE: _____

*Please include special instructions if you have design preferences.

*We back the zirconia we use, and strive to ensure your satisfaction

*Over sized units that do not fit in to a 12mm block before sintered will have an additional \$10 fee.

ADDITIONAL INSTRUCTIONS

PARTS INCLUDED

- _____
- _____
- _____
- _____

SIGNATURE _____ **DATE:** _____

THIS IS YOUR AUTHORIZATION PURSUANT TO THE PROVISIONS OF ARTICLE II OF THE DENTAL PRACTICE ACT OF THE STATE OF CALIFORNIA TO CONSTRUCT, ALTER OR REPAIR THE DENTAL RESTORATION DESCRIBED.