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Case No.
Date
Due Date <small>(day before appt.)</small>
Lab Use - Account #

Dr. Name _____

Address _____

City _____ State _____

Phone # _____ Zip _____

Patient Last Name _____

Patient First Name _____

R_x

- Zirconia Full Contour Crown
- Porcelain Fused to Zirconia Coping
- Solid Zirconia Occlusal / Lingual
- Veneers Implant
- E.max Other _____

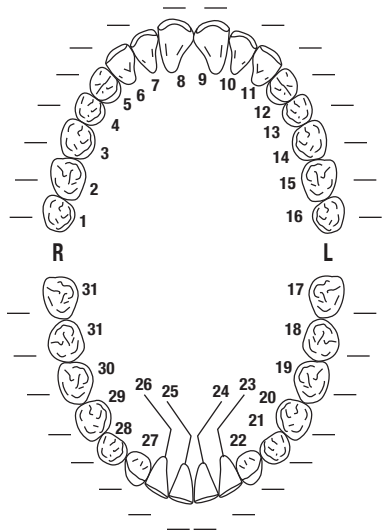
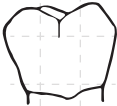
- CONTACTS: OCCLUSION:
- Light None/Light
 - Medium Medium
 - Heavy Heavy

PONTICS:



Indicate tooth shade beside tooth #

Specific Instructions & Shade



Person signing this authorization accepts responsibility for payment and agrees to pay all legal costs, including reasonable fees.

Personal Signature of Dentist _____

Dentist's License No. _____

Terms: Net 30 Days. 2% Service Charge Over 30 Days.