

Today's Date: _____ Due Date: _____ by 5pm

DENTIST INFORMATION:

Bill to Dr: _____
Address: _____
Phone: _____ E-Mail: _____

PATIENT INFORMATION:

Patient's Name: _____
☐ Male ☐ Female Age _____

** Detailed Photos and Study Models encouraged. All Information below is required. Incomplete information may cause delay.*

CROWNS, BRIDGES & IMPLANTS

- ☐ BruxZir Full Strength, 1465 MPa
- ☐ Zolid, 1100 MPa
- ☐ Zolid FX Multilayer, 700 MPa
- ☐ e.max Press, 400 MPa
- ☐ e.max CAD, 360 MPa
- ☐ Layered Zirconia
- ☐ Diagnostic Wax-up

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IMPLANTS

- ☐ Authentic ☐ Generic
- ☐ Screw Retained Titanium Interface
- ☐ Custom Titanium
- ☐ Custom Zirconia
- ☐ Surgical Guide

Implant Type _____

Implant Size _____

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CBCT SCAN

Delivery Option

- ☐ Web Courier ☐ CD ROM

* Great State Dental Laboratory services at the request of a licensed practitioner. Great State Dental Laboratory at 401 Ranch Road 620 South, Suite 320 does not provide interpretive or therapeutic services. Your doctor may request an interpretation by a dental radiologist. All images are sent directly to your doctor.

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FIXED WORKING SCHEDULE

Crowns (Posterior)	5 Days in Lab
Veneers / Anterior	7 Days in Lab
6 Units or more	12 Days in Lab
Implants	10 Days in Lab

PARTIALS & DENTURES

- ☐ Cast Metal Framework
- ☐ Ultraire AKP Milled
- ☐ Acrylic Partial
- ☐ Complete Economy Denture
- ☐ Complete Premium Denture

CLASP TYPE

- ☐ Wrought Wire ☐ Clear ☐ Ball

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OTHER APPLIANCES

- ☐ Hard Acrylic Nightguard
- ☐ Hard / Soft Nightguard
- ☐ Bleaching Trays ☐ Clear Retainer

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OPTIONS

- ☐ Custom Tray ☐ Bite Rim
- ☐ Try-In ☐ Duplicate Denture
- ☐ Finish

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REMOVABLE WORKING SCHEDULE

Custom Tray	2 Days in Lab
Bite Rim	2 Days in Lab
Denture Set-Up	5 Days in Lab
Set-Up & Finish	8 Days in Lab
Finish	5 Days in Lab
Immediate Denture	5 Days in Lab
Cast Metal Framework	12 Days in Lab
Acrylic Partial (1~2 Teeth)	2 Days in Lab
Acrylic Partial (3+ Teeth)	5 Days in Lab
Ultraire AKP Framework	5 Days in Lab
Nightguards	5 Days in Lab
Bleaching Trays / Retainers	2 Days in Lab

GREAT STATE
DENTAL LAB

Great State Dental Laboratory (TSBDE# 3350)
401 Ranch Road 620 S, Ste 320 • Lakeway, TX 78734
(512) 402-9002 • fax (512) 402-9003
mail@greatstatedental.com

OCCLUSAL STAIN

- ☐ None ☐ Light ☐ Medium ☐ Dark

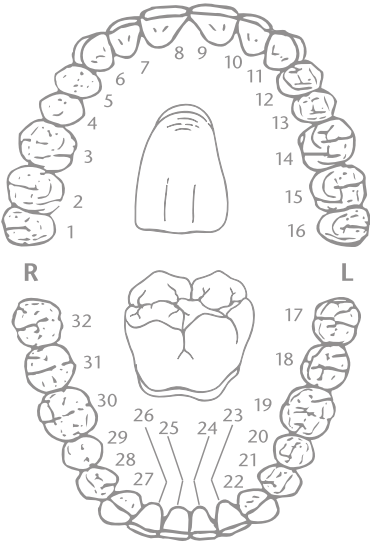
OCCLUSAL CLEARANCE (If needed)

- ☐ Reduce Opposing ☐ Reduction Coping
- ☐ Call Me

☐ Gingival Warming

Shade _____

Stump Shade _____



Call Me! I would like to speak with: _____

Doctor Signature: _____

License #: _____

The person signing this authorization accepts sole responsibilities for payment and agrees to pay all legal and collection costs in the event of suite, including reasonable attorney's fees.

NOTE: Retain one sheet for your records and return the other sheet(s) with the work to be completed. Please use black or blue ink when completing this form.

PLEASE SEND: ☐ RX's: ☐ Air bills: ☐ Shipping supplies: ☐ Other: ☐