

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

DENTIST INFORMATION:

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



Great State Dental Laboratory (TSBDE# 3350)
14101 US 290, Ste 1400D Austin, TX 78737
(512) 402-9002 • fax (512) 402-9003
mail@greatstatedental.com

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
- Ultaire 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
Ultrair AKP Framework	5 Days in Lab
Nightguards	5 Days in Lab
Bleaching Trays / Retainers	2 Days in Lab

OCCLUSAL STAIN

- None Light Medium Dark

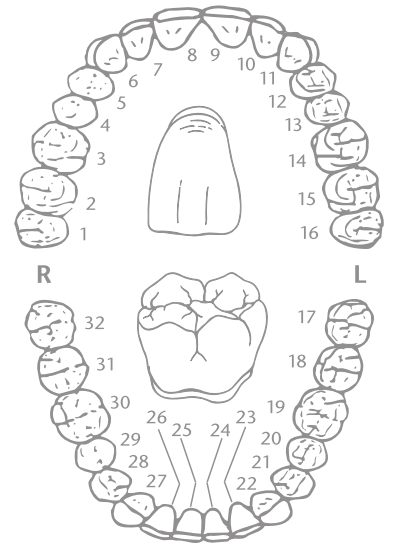
OCCLUSAL CLEARANCE (If needed)

- 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: