GREAT STATE DENTAL LABORATORY (TSBDE# 3350)

7200 STATE HWYW 71 | SUITE C | AUSTIN, TX 787385
TEL 512-402-9002 | MAIL@GREATSTATEDENTAL.COM

Case Number (Lab Use)

Today's Date: ____ /____ /____ Due Date: ____ /____ /____

DENTIST INFORMATION

Bill to Dr:

Address:

Phone: Email:

PATIENT INFORMATION

Name:

☐ Male ☐ Female Age:

Crown & Bridge

5 Days in Lab (Add 7 Days for 6+ units)

☐ Full Contour Zirconia ☐ Diagnostic Wax-Up

7 Days in Lab (Add 5 Days for 6+ units)

☐ E.max ☐ Layered Zirconia

Gold

10 Days in Lab

☐ High Noble ☐ Noble ☐ Base

Implants

10 Days in Lab

☐ Custom Ti Abutment ☐ Stock Abutment

☐ Custom Zirconia Abutment ☐ Encode Abutment

☐ Custom Gold Abutment ☐ Surgical Guide

Implant Type:

Implant Size:

Select One

☐ Authentic Parts

☐ Generic Parts

☐ Call Me

All on X

☐ Verification Jig/ Prototype ☐ Final

Dentures

☐ Premium Denture ☐ Economy Denture

Select One

☐ Complete ☐ Set Up ☐ Reset ☐ Process & Finish

Partials

☐ Acrylic Partial ☐ Flexible Partial ☐ Flexible Unilateral ☐ Metal Framework

Select One

☐ Complete ☐ Set Up ☐ Reset ☐ Process & Finish

Other Appliances

☐ Hard/Soft Nightguard ☐ Bleaching Trays ☐ Sports Guard

☐ Hard Nightguard ☐ Clear Retainer

☐ Custom Tray ☐ Wax Rim

OCCLUSAL STAIN

☐ None ☐ Light ☐ Medium ☐ Dark

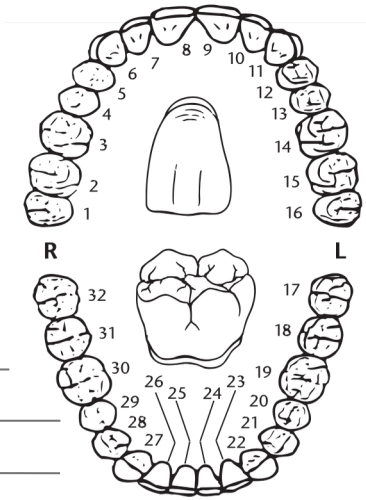
☐ Gingival Warming

OCCLUSAL CLEARANCE

(If needed)

☐ Reduce Opposing & Call Me

☐ Reduction Coping



Shade: **Stump Shade:**

Notes:

CALL ME! I would like to speak with:

Doctor Signature: **License Number:**

The person signing this authorization accepts sole responsibilities for payment and agrees to pay all legal and collection costs in the event of a suit, including reasonable attorney's fees.
NOTE: Retain the yellow copy for your records and return the other sheet with the work to be completed. Please use black or blue ink when completing this form.