



EP DENTAL LAB

14140 Alondra Blvd., Ste. E.  
Santa Fe Springs, CA 90670

Tel. 562.670.4410 / Cell. 213.703.2434

Dr. \_\_\_\_\_ Date : \_\_\_\_\_

Office Phone : \_\_\_\_\_ Due Date : \_\_\_\_\_

Patient Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex : \_\_\_\_\_

**Types of Restoration** **Veneer**       **Inlay / Onlay**

\_\_\_\_\_ Feldspathic

\_\_\_\_\_ E. Max

\_\_\_\_\_ Lithium Disilicate

 **Implant Abutment**

\_\_\_\_\_ Custom Titanium Abutment

\_\_\_\_\_ Custom Zirconia Abutment

\_\_\_\_\_ Anodized Abutment (Gold)

\_\_\_\_\_ Screw Retained

\_\_\_\_\_ Cement Retained

 **Crown**

\_\_\_\_\_ Porcelain Fused to Metal

\_\_\_\_\_ Layered Zirconia

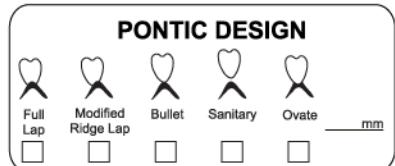
\_\_\_\_\_ Full Zirconia

\_\_\_\_\_ Layered E. Max

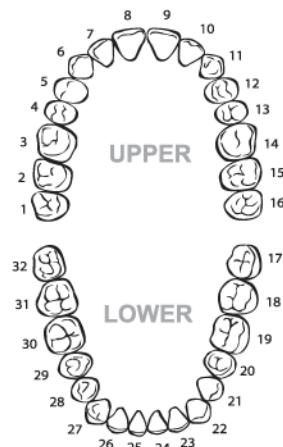
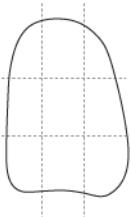
\_\_\_\_\_ Full E. Max

 **Diagnostic Wax-Up** **Gingival Porcelain**

Scan Body Brand / Size

**Final Shade :****Prep. Shade :**

- \* Surface Anatomy      Non    Light    Moderate    Heavy
- \* Surface Texture      Non    Light    Moderate    Heavy
- \* Occlusal Stain      Non    Light    Moderate    Heavy
- \* Incisal Translucency      Non    0.5mm    1.0mm    Max



Received Date	Due Date	Semi Articulator	PAN #

**Rx**

DR. SIGNATURE

LICENSE #

The person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees.

LAB USE ONLY		
Bite Registration	Lower Impression	Lower Model
Face Bow	Triple Tray Impression	3D Print Model
Upper Impression	Upper Model	Pictures