

ESTHETIC PROSTHETIC



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**
 ____ Feldspathic
 ____ E. Max
 ____ Lithium Disilicate

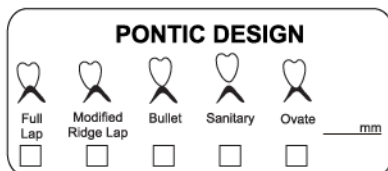
☐ **Inlay / Onlay**

☐ **Crown**
 ____ Porcelain Fused to Metal
 ____ Layered Zirconia
 ____ Full Zirconia
 ____ Layered E. Max
 ____ Full E. Max
- ☐ **Implant Abutment**
 ____ Custom Titanium Abutment
 ____ Custom Zirconia Abutment
 ____ Anodized Abutment (Gold)
 ____ Screw Retained
 ____ Cement Retained
- ☐ **Diagnostic Wax-Up**
☐ **Gingival Porcelain**
- Scan Body Brand / Size

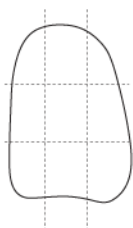
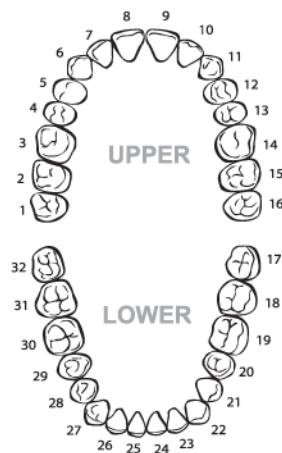
Instruction

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