

DOCTOR

IN

OUT

CASE NO.

DATE RECEIVED

Excellent Esthetics
DENTAL LAB INC.

46 East College Avenue • Cedar City, Utah 84720

Phone: 435-586-3499 • Toll Free: 1-888-586-3499 • Cell: 435-559-3499



Terry D. Baldwin, CDT



Terry M. Baldwin, CDT


 AM PM

PATIENT _____

APPOINTMENT DATE _____

- Impressions
 Bite Registration
 Study Model
 Photos
 Articulator
 Oth: *

DENTAL WORK AUTHORIZATION



Study models requested on all anterior cases

SHADE

e.max
Monolithic



Layered
e.max



Stump Shade



Full Cast Gold

Type II
Type III

Zirconia

Layered

Zirconia

Monolithic PFM

High Noble

(Yellow) (White) Noble Econo

(Base Metal)

Pontic Design



Full Cast Other

WR + Y + Base

Metal Design



No Metal Collar



Right Upper Left



Left Lower Right

DOCTOR'S SIGNATURE _____

DOCTOR'S LICENSE NUMBER _____

Authorization to Construct Prescribed Case/Dr. agrees to pay account in full within 25 days of statement. Dr. agrees to pay 2% Service Charge on any past due balance plus cost of collection and reasonable attorney fees.