PEACH STATE
DENTAL STUDIO
500 SPRING STREET SE
SUITE 103
GAINESVILLE, GA 30501
678-943-2902
1-877-505-9504

Patient

Name: _____

First: _____

Age: _____ Sex: ❍ Male ❍ Female

Crown & Bridge

SELECT RESTORATION:

PFM
- ❑ Non Precious
- ❑ Noble Alloy
- ❑ High Noble White Au
- ❑ High Noble Yellow Au
- ❑ GoldTech Bio 2000

FULL CAST
- ❑ Non Precious
- ❑ Noble Alloy
- ❑ High Noble White
- ❑ High Noble Yellow
- ❑ High Noble Yellow Inlay

MARGIN TYPE
- ❑ No Facial Metal
- ❑ Ling. Metal Collar
- ❑ Show No Metal
- ❑ 360 Metal Collar
- ❑ Facial Porcelain Butt

All Ceramics

ZIRCONIA
- ❑ Full Contour
- ❑ Layered

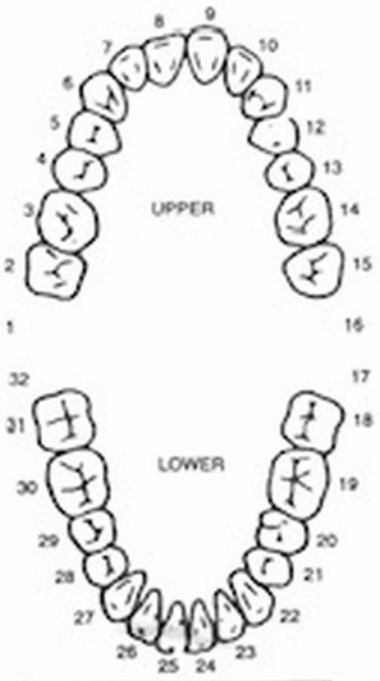
EMAX
- ❑ Full Contour
- ❑ Layered
- ❑ Veneer
- ❑ Onlay / Inlay

Specific Instructions:

Shade Instructions

Shade: _____

Stump: _____



If No Occlusal Clearance
- ❑ Call doctor
- ❑ Spot opposing
- ❑ Metal occlusion
- ❑ Metal Island
- ❑ Make this a permanent note in my master file

Today's Date: _____

Return by 5:00 pm on: _____

Doctor

Dr. Name_____ Signature_____

Address_____

City/State/Zip_____ License #_____

Person signing this authorization acts as legal agent for the named Doctor, who accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. A 1 ½ % per month (18% per annum) finance charge will be added to any unpaid balance more than 30 days past due. All accounts more than 60 days past due will be placed on COD until balance is paid in full. The client will pay all reasonable legal expenses incurred by the laboratory as a result of actions taken for collections.

Please Send

- ❑ Prescriptions
- ❑ Boxes
- ❑ Shipping Labels