LAB AUTHORIZATION RX

LEXADENT STUDIO
CUSTOM ESTHETIC CERAMICS

3116 Tenker Creek Lane SE, Owens Cross Roads AL. 35763
E/M: info@lexadentstudio.com
P: (757)276-3343

Doctor's Name:_____ Phone:_____

Address:_____

Patient's Name:_____

Age:_____ Male:_____ Female:_____

Date Written:_____ Patient's Appointment:_____

Due Date:_____ (in accordance with turn-around times)

OPPOSING WILL BE RESTORED IN THE NEAR FUTURE
Yes ◯ No ◯

★ ***PLEASE SEE REQUIREMENTS FOR ANTERIOR CASES*** ★

FOR CLOSE OR INSUFFICIENT CLEARANCE:
- ◯ Make Reduction Coping
- ◯ Adjust Opposing
- ◯ Please Call Doctor

ALL CERAMIC
- ◯ Zirconia
- ◯ Layered Zirconia
- ◯ Lithium Disilicate
- ◯ Please Call Doctor

FULL CAST
- ◯ Gold
- ◯ Nobel White
- ◯ Non-Precious
- ◯ Please Call Doctor

IMPLANTS
- ◯ NAME BRAND ONLY **Additional costs apply**
- ◯ Custom Abutment
- ◯ Zirconia Custom Abutment w/ Ti Base
- ◯ Cement Retained
- ◯ Screw Retained - Cement in lab? YES ◯ NO ◯

Implant System and Size:

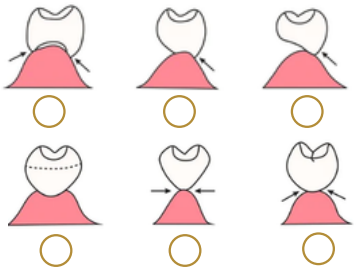
_____

_____

SHADE:_____ **OCCLUSAL STAIN:** YES ◯ NO ◯

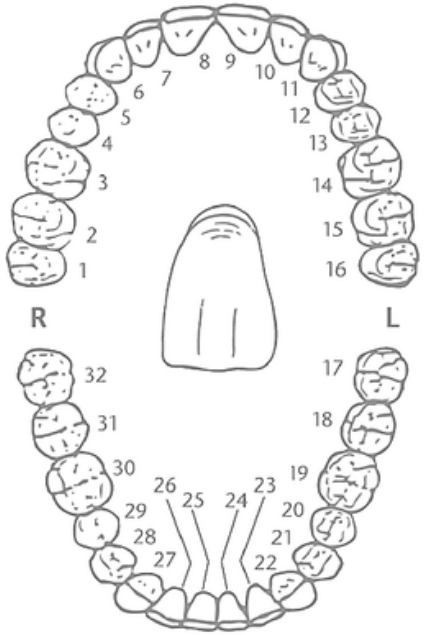
STUMP SHADE:_____ **Metal Post Present Or Very Dark?** ◯

PONTIC DESIGN:



NOTES / INSTRUCTIONS

TOOTH #:_____



DIGITAL SERVICES
- ◯ DSD
- ◯ Temp Shells
- ◯ Diagnostic Wax-Up

OTHER SERVICES
- ◯ Injection Matrix
- ◯ Occlusal Splint
- ◯ Provisional Restorations
- ◯ Hand Wax Diagnostic Wax-Up

PLEASE CHECK ALL THAT ARE INCLUDED IN BOX

◯ Facebow	◯ Provisional Model	◯ Old Restorations
◯ Bite Registration	◯ Lab Analogs: Qty: ____	◯ Original Models
◯ Articulator	◯ Implant Parts	◯ Pre-Op Model
◯ Picture(s) / USB	◯ Diagnostic Wax-Up	◯ Shade Tab(s)

By signing below, I acknowledge the terms and conditions of LexaDent Studio LLC, and such stated terms and conditions are incorporated into this form agreement.

Doctor's Signature:_____

License #:_____ Date:_____