



**PLATINUM
DENTAL LAB**

1133 Vista Ridge
Burbank, CA 91504
Tel: 818 303 4483

LAB USE ONLY		
PAN#	IN	OUT
INCISAL EMBRASURE <input type="checkbox"/> ROUND <input type="checkbox"/> SQUARE CERVICAL EMBRASURE <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED OCCLUSAL STAIN <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY SURFACE ANATOMY <input type="checkbox"/> SMOOTH <input type="checkbox"/> TEXT. <input type="checkbox"/> MATCH		
CROWN SHADE		PREP. SHADE

Office Name: _____ Date: _____

Dr. Name: _____

Assistant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

<input type="checkbox"/> PORCELAIN MARGIN	<input type="checkbox"/> METAL MARGIN	INCISAL LEVEL <input type="checkbox"/> TRANSLUCENT <input type="checkbox"/> BLUISH <input type="checkbox"/> LIGHT <input type="checkbox"/> REGULAR <input type="checkbox"/> DARK
<input type="checkbox"/> METAL OCCLUSAL	<input type="checkbox"/> METAL LINGUAL	

PLEASE RETURN WHITE COPY TO PLATINUM DENTAL LAB

Patient Name: _____

SEX: M F AGE: _____ FILE#: _____

DUE DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MON	TUE	WED	THUR	FRI

DUE DATE MUST BE 1 DAY PRIOR TO PATIENTS APPT. DATE

TYPE OF RESTORATION

PFM

METAL FREE CROWN

FULL METAL CROWN

FULL ZIRCONIA CROWN

INLAY / ONLAY

VENEER

IMPLANT CROWN

CUSTOM ABUTMENT

CAST POST & CORE

DIAGNOSTIC WAX-UP

TEMPORARY CROWN

NIGHT GUARD

MATERIAL TO BE USED

NON PRECIOUS

SEMI PRECIOUS

WHITE GOLD

YELLOW GOLD

TITANIUM

ZIRCONIA

LAVA ZIRCONIA

IPS EMAX

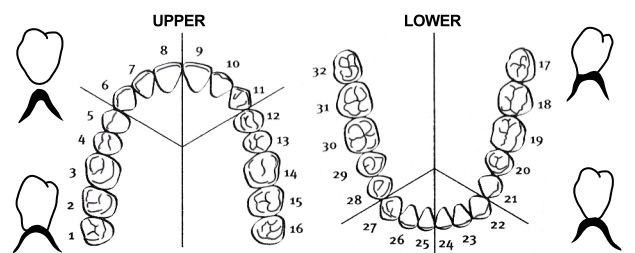
IPS EMPRESS

COMPOSITE

RADICA® AESTHETIC

OTHER _____

INSTRUCTIONS



Dr. Signature X Lic.# _____

Person signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection cost in the event of suit.