



Office: 480 926 0615 Fax: 480 926 0425
 Mobile: 602 710 4713
 naturalsmile1@hotmail.com
 naturalsmiledentallab.com

Open Mon-Fri 8a-5p
 Closed weekends and major holidays

Natural Smile

DENTAL LABORATORY

RX DATE	DUE DATE
---------	----------

NOTE: If no due date is assigned Natural Smile Dental Laboratory will call with due date.

DR. NAME _____

DR. ADDRESS _____ PATIENT NAME _____

DR. PHONE _____ SEX: M F AGE _____

ECONOMY PREMIUM

- PFM**
- N/P Non-Precious
 - Semi-Precious (Zero Gold Content)
 - High Noble White (Med. Gold Content)
 - Porcelain Labial Margin 180°
 - Porcelain Full Margin 360°
 - Porcelain/Metal Occlusion
 - Gold Crown

- ALL-CERAMIC**
- e.Max Pressed Veneer
 - IPS e.max Layered
 - IPS e.max Monolithic
 - Full Zirconia (Zir-bruzzer)
 - Porcelain Layered to Zirconia

- IMPLANTS**
- Stock Abutment
 - Custom Abutment
 - Ceramic Abutment
 - Implant Overdenture
 - Other

MIDLINE SHIFT
 R _____ mm L _____ mm

LENGTH OF CENTRALS
 _____ mm
 (from Cervical Margin of #8)

OVERBITE _____ mm
 OVERJET _____ mm

PLEASE SEND

- Rx's
- Diagnostic Wax-Up

CUSTOM SHADE

- IN-LAB
- DENTAL OFFICE

On implant cases, please do not schedule your patients for delivery until lab has received all implant parts. Lab will notify you with due date when all parts are received.

CHARACTERIZATION CHART

UNITS _____

SHADE _____

STUMP _____

OCCLUSAL STAIN _____

SHADE _____

STUMP _____

ANTERIOR DESIGN **POSTERIOR DESIGN** **PONTIC DESIGN**

Rx

SIGNATURE OF DENTIST **DENTIST LICENSE #**

Authorization to construct prescribed case. Must be signed by Dr. for lab to begin work. Dr. agrees to pay account in full within 30 days of statement. Dr. agrees to pay 5% service charge per month on any past due balance plus cost of collection and reasonable attorney fees. Please be advised by signing this contract, that if for any reason Dr. or patient is not satisfied with product, the entire case must be returned to lab to be adjusted or to receive full credit. Case is not to be used as a temporary.