Natural Aesthetics

Cosmetic & Implant Dental Lab

1172 W. 700 N. Ste 210 - Lindon, UT 84042

Main: 801-701-3377 Email: info@naturaldl.com

Due Date: _____ Seat Date: _____ Today's Date: _____

Doctor: _____ Office: _____

Patient: _____ Sex: M ☐ F ☐ Age: _____

Tooth #(s): _____ Total Units _____ Crown ☐ Bridge ☐

Shade: _____ Prep Shade _____

*Please provide prep shade on starred products

PFM
- ☐ Non-precious
- ☐ Noble Semi-precious
- ☐ High Noble (White gold)
- ☐ High Noble (Yellow gold)

All Ceramic
- ☐ IPS e.max
- ☐ Full Zirconia
- ☐ Porcelain to Zirconia
- ☐ Zirc Ant. w/Facial Cutback
- ☐ Veneer*_____(type)

Full Cast
- ☐ Non-precious
- ☐ Noble (Silver)
- ☐ Noble (Yellow)
- ☐ High Noble (Yellow)

Additional Instructions:

Contact Design
- ☐ Broad
- ☐ Normal
- ☐ Narrow

Occlusion
- ☐ Light
- ☐ In
- ☐ Out

If no Occlusion Clearance
- ☐ Mark & Adjust Opposing
- ☐ Reduction Coping
- ☐ Metal Occlusal
- ☐ Please Contact

Occlusal Stain
- ☐ None
- ☐ Light
- ☐ Medium
- ☐ Dark

Ridge Relief
- ☐ None ☐ Medium
- ☐ Slight ☐ Heavy

Ridge Design

☐ Full Ridge ☐ Partial Ridge ☐ Point Contact ☐ No Contact

Doctor Signature: _____ License #: _____

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I agree to terms of credit, if extended to me, of net 30 days. I agree to pay a finance charge of 2% per month on any past due balances, and to pay all attorney fees and collection costs in the event any amoutn due for work performed hereunder is referred for collections.