Natural Aesthetics | Peninsula Natural Aesthetics | Peninsula Lab Case#: Lab Case#: Cosmetic & Implant Dental Lab Cosmetic & Implant Dental Lab 8045 S. 700 E. Suite 3 3028-A Scott Blvd S. 8045 S. 700 E. Suite 3 3028-A Scott Blvd S. Due Date: Due Date: Santa Clara, CA 95054 Sandy, Utah 84070 Santa Clara, CA 95054 Sandy, Utah 84070 Lab: 385.237.2000 Main: 408.320.1883 Lab: 385.237.2000 Main: 408.320.1883 Apt. Time: Apt. Time: Cell: 801.850.7309 Fax: 408.320.1897 Cell: 801.850.7309 Fax: 408.320.1897 Today's Date: Info@naturalaestheticsdentallab.com Info@naturalaestheticsdentallab.com Info@naturalaestheticsdentallab.com Info@naturalaestheticsdentallab.com Today's Date: www.naturalaestheticsdentallab.com www.naturalaestheticsdentallab.com www.naturalaestheticsdentallab.com www.naturalaestheticsdentallab.com Doctor: Doctor: Office: Office: _ Sex: M □ F □ Age: _____ Patient: Sex: M \square F \square Age: Patient: ____ Total Units _____ Crown Bridge Total Units Crown ☐ Bridge ☐ Tooth #(s):____ Tooth #(s): Prep Shade Shade: Prep Shade Shade: *Please provide prep shade on starred products *Please provide prep shade on starred products PFM **All Ceramic Full Cast** PFM All Ceramic **Full Cast** ☐ IPS e.max □ Non-precious □ Non-precious ☐ IPS e.max □ Non-precious □ Non-precious ☐ Noble (Silver) ☐ Noble Semi-precious ☐ Full Zirconia ☐ Noble Semi-precious ☐ Full Zirconia ☐ Noble (Silver) ☐ Noble (Yellow) ☐ High Noble (White gold) □ Porcelain to Zirconia ☐ High Noble (White gold) □ Porcelain to Zirconia ☐ Noble (Yellow) ☐ High Noble (Yellow gold) ☐ Zirc Ant. w/Facial Cutback ☐ High Noble (Yellow) ☐ High Noble (Yellow gold) ☐ Zirc Ant. w/Facial Cutback ☐ High Noble (Yellow) ☐ Veneer* (type) ☐ Veneer* (type) Additional Instructions: Additional Instructions: **Contact Design Occlusion** If no Occlusion Clearance **Occlusal Stain Contact Design Occlusion** If no Occlusion Clearance Occlusal Stain ☐ Broad ☐ Light ☐ Mark & Adjust Opposing ☐ None □ Broad ☐ Light ☐ Mark & Adjust Opposing □ None □ In ☐ Light □ Normal □ In ☐ Reduction Coping ☐ Light ☐ Normal ☐ Reduction Coping

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 amoutin due for work performed hereunder is referred for collections.

☐ Metal Occlusal

□ Please Contact

Partial

Ridge

License #:

☐ Medium

No

Contact

☐ Dark

Point

☐ Narrow

Ridge Relief

□ None □ Medium

☐ Slight ☐ Heavy

☐ Out

Ridge Design

Full

Ridge

☐ Narrow

Ridge Relief

☐ Slight ☐ Heavy

Doctor Signature:

☐ Medium

□ None

☐ Out

Ridge Design

Full

Ridge

Doctor Signature: _____License #: _____

☐ Metal Occlusal

☐ Please Contact

Partial

☐ Medium

No.

Contact

☐ Dark

Point

▲ Contact