



4225 Fidus Dr, Suite 207 • Las Vegas, Nevada 89103
 (702) 368-0055 • mesadentallab@gmail.com

Dr. Name _____

Address _____

City _____ State _____

Phone # _____ Zip _____

Patient Last Name _____

Patient First Name _____

Rx

- Zirconia Full Contour Crown
- Porcelain Fused to Zirconia
- Solid Zirconia Occlusal / Lingual
- Veneers Implant
- PFM: → NP HN SP
- Other _____

Date:
Due Date:
Lab Use – EST #
Lab Use -Inv. #

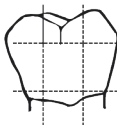
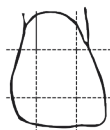
- CONTACTS: OCCLUSION:
- Light
 - None/Light
 - Medium
 - Medium

- Heavy
- Heavy

PONTICS:



Specific Instructions & Shade



Person signing this authorization accepts responsibility for payment and agrees to pay all legal costs, including reasonable fees.

Personal Signature of Dentist _____

Dentist's License No. _____

Terms: Net 10 Days.