



Submit Cases To: casesubmission@d4ddentallab.com

Dental Laboratory Authorization Form

Dentist Office Information:

- Dentist Name:
- License Number:
- Practice Name:
- Address:
- Phone:
- Email:

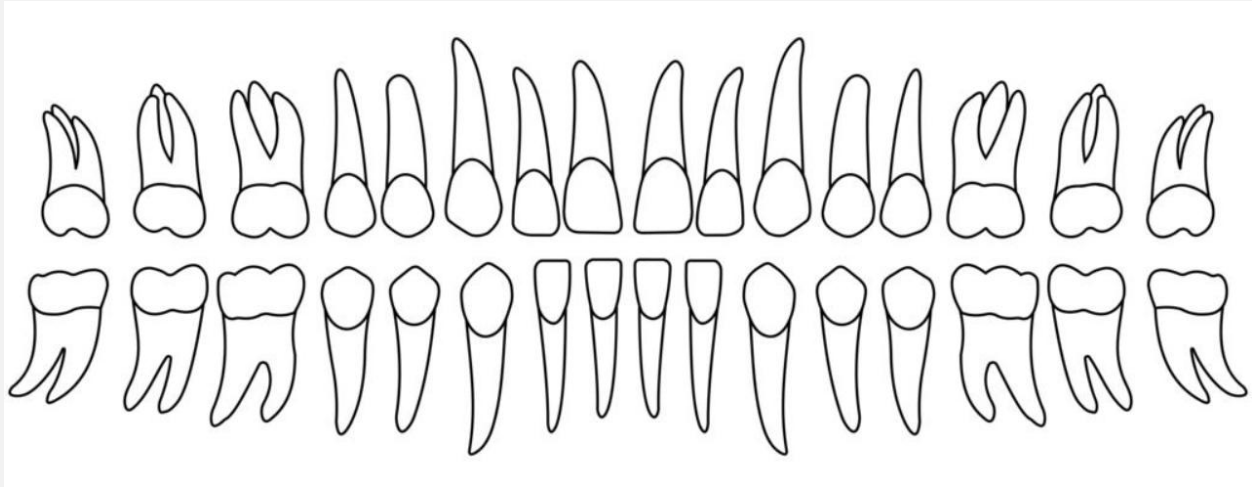
Patient Information:

- Patient Name:
- Patient ID or Chart #:
- Date of Birth:
- Date of Prescription:
- Case Due Date:

Case Information:

Tooth Numbers:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Type of Restoration:

- ☐ **Crown**
 - ☐ Models
 - ☐ Model-less
- ☐ **Bridge**
 - ☐ Models
 - ☐ Model-less
- ☐ **Veneer**
 - ☐ Models
 - ☐ Model-less
- ☐ **Diagnostic Wax-up**
 - ☐ Printed
 - ☐ Digital File Only

Material Choice:

- ☐ E.max
- ☐ Esthetic Zirconia
- ☐ Full Contour Zirconia
- ☐ FCC:
 - ☐ Base
 - ☐ Noble
 - ☐ High Noble
 - ☐ White
 - ☐ Yellow

Shade Guide Used:☐ Vita Classical☐ Vita 3D Master☐ Other: _____**Shade:**

▪ Cervical: _____

▪ Middle: _____

▪ Incisal/Occlusal: _____

Design Preferences:▪ **Occlusal Staining:**☐ Yes☐ No▪ **Contact Intensity:**☐ Light☐ Moderate☐ Heavy▪ **Occlusion Intensity:**☐ Light☐ Moderate☐ Heavy▪ **Insufficient Clearance:**☐ Trim Opposing☐ Reduce Prep☐ Call to Discuss▪ **Interdental Space Larger Than Typical:**☐ Close Contact☐ Leave Diasthema**Attachments Provided:**☐ Photos☐ Digital Scans☐ Other:**Additional Information:**

Authorization:▪ **Dentist Signature:** _____▪ **Date:** _____