Submit Cases To: casesubmission@d4ddentallab.com

Dental Laboratory Authorization Form

Dentist Office Information:

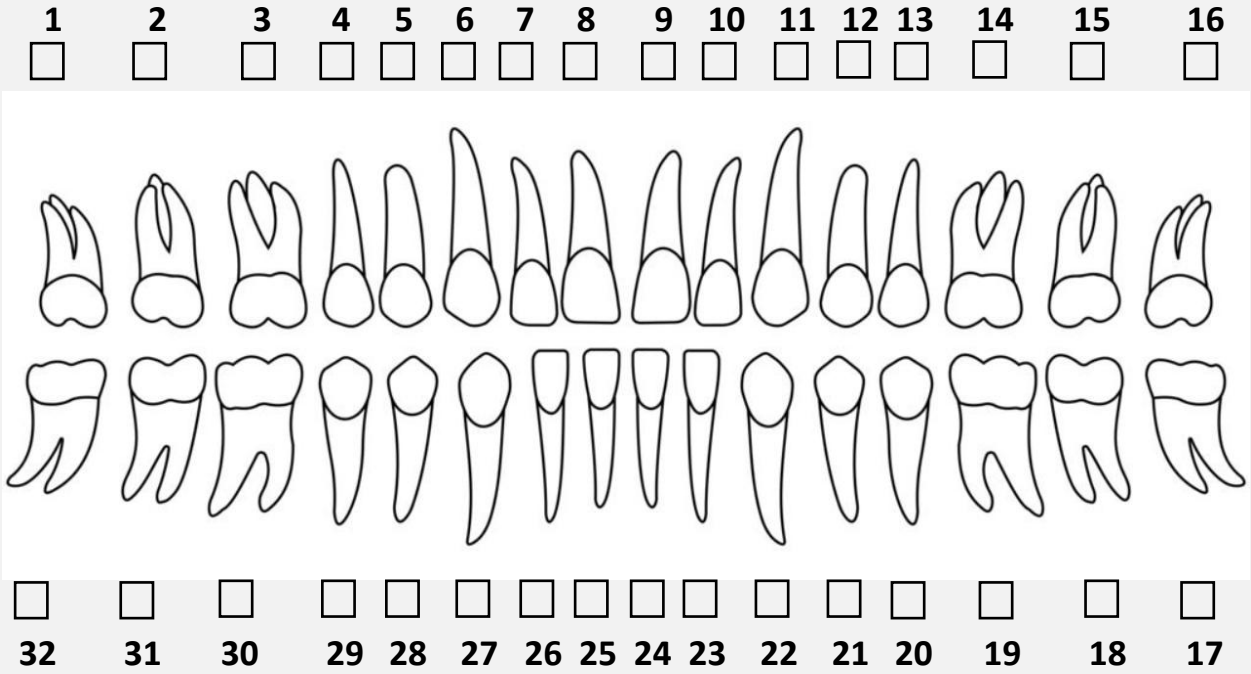
- Dentist Name:
- License Number:
- Practice Name:
- Address:
- Phone:
- Email:

Patient Information:

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

Case Information:

Tooth Numbers:



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:**_____