

# Mitch Hurst Dental Studio

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DOCTOR \_\_\_\_\_ PATIENT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

OFFICE \_\_\_\_\_ TOOTH \_\_\_\_\_ SHADE \_\_\_\_\_

**ALL CERAMIC**

- Lithium Disilicate
- Layered Zirconia
- Full Contour Zirconia

**DIAGNOSTIC WAX**

- 

**PFM**

- 

**GOLD**

- Crown
- Onlay/Inlay

**METAL**

- Base
- Noble
- High Noble

**IMPLANT ABUTMENT**

- Brand \_\_\_\_\_
- Size \_\_\_\_\_
- Zirconia/Hybrid
- Titanium
  - Opaqued
  - Anodized
- Screw Retained
- Cement Retained

Body Shade \_\_\_\_\_

Incisal Shade \_\_\_\_\_

Prep Shade \_\_\_\_\_

PREP DATE \_\_\_\_\_ DUE DATE \_\_\_\_\_

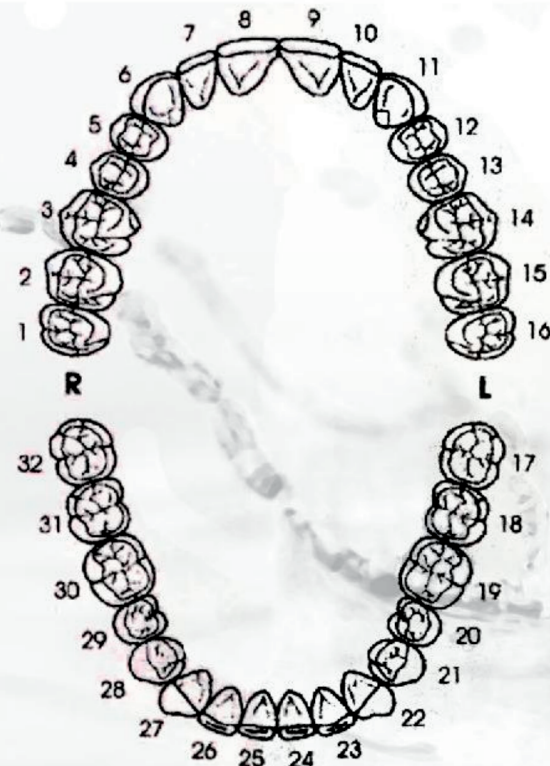
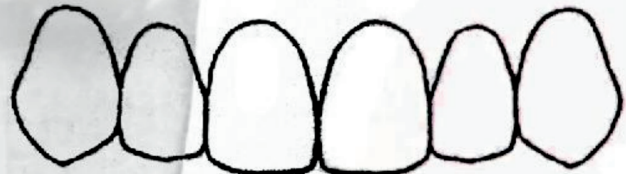
DATE IN \_\_\_\_\_

**SURFACE TEXTURE**

- Heavy
- Medium
- Light

**INCISAL TRANSLUCENCY**

- None
- Minimal (0.5)
- Moderate (1.0)
- Maximum (1.5)



DOCTOR SIGNING THIS AUTHORIZATION ACCEPTS SOLE RESPONSIBILITY AND AGREES TO PAY ALL LEGAL COSTS IN THE EVENT OF A SUIT INCLUDING REASONABLE ATTORNEY FEES AND TO HAVE ANY LEGAL DISPUTE FILED AND RESOLVED WITH THE COUNTY IN WHICH THE LAB RESIDES. TERMS: NET 30 DAYS, 1 1/2% PER MONTH SERVICE CHARGE OVER 30 DAYS.