



CREATIVE RESTORATIONS

LAB AUTHORIZATION | TECHNOLOGY DRIVEN. HANDCRAFTED.

DOCTOR

DATE SENT

PRACTICE NAME

PRACTICE ADDRESS

PATIENT NAME

TRY-IN DATE

AGE

SEX

SHADE

FINISH DATE

CASE TYPE

CASE DESCRIPTION / MATERIALS

- ☐ EMAX ☐ PFZ ☐ FCZ ☐ PFG ☐ FG ☐ AC ☐ CUSTOM ABUT
- ☐ FULL DENT ☐ ACRYLIC PART ☐ METAL PART

SPECIAL INSTRUCTIONS / NOTES

SELECT TEETH

UPPER

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

LOWER

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

SIGNATURE

LICENSE #

STATE

CREATIVE RESTORATIONS INC.

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Thank you for your business! Please print, sign, and send this form with your case.