

# emicrown&bridge

Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Return Date: \_\_\_\_\_

Shade: \_\_\_\_\_ Stump Shade: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> PFM           | <input type="checkbox"/> Lingual Collar          |
| <input type="checkbox"/> Esthetic Z    | <input type="checkbox"/> Buccal Collar           |
| <input type="checkbox"/> PFZ           | <input type="checkbox"/> <u>Removable Button</u> |
| <input type="checkbox"/> eMax          | <input type="checkbox"/> Try In                  |
| <input type="checkbox"/> eMax Laminate | <input type="checkbox"/> Biscuit Bake            |
| <input type="checkbox"/> Elite Full Z  | <input type="checkbox"/> Finish                  |
| <input type="checkbox"/> Laminate      | <input type="checkbox"/> Remake                  |

### Metal Type:

- Gold
- SP
- NP

### Implant:

- CAD/CAM Abutment
- Screw Retained
- Dr. Parts

Instructions: \_\_\_\_\_

Dr. Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Ask about our state-of -the-art denture and Implant department..

## emidentallab

Call us at **631-874-9455**  
or visit **elitemarginslab.com**

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