



EMINENT DENTAL ART
LABORATORY

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Beverly Hills, CA 90210

Dental Laboratory Work Authorization

_____ Date

Office Name _____

Doctor's Name _____ Telephone Number _____

Street Address _____ City / State / Zip _____

Patient's Name / Address _____ M / F
Age Sex

Next Appointment _____

FIXED RESTORATIONS

Shade: _____

Tooth Number: _____

Occlusal Stain:

None Light Medium Dark

Embrasures: Open Close

Shade Transition: Light Medium Heavy

Contact: Light Medium Heavy

Buccal Margin: (Metal-porcelain Junction Margin)

No Me / Showing 360°
 Metal Margin on Buccal (____mm)
 Porcelain butt Margin

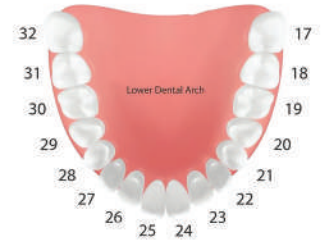
Color of cement you plan to use: _____

All Ceramic (Check all that apply)

IPS e.max CAD™ Milled (Smooth) Porcelain Fused to Zirconia
 IPS e.max CAD™ Milled (Stratified) Full Contour Zirconia
 IPS e.max™ Pressed (Layered/Cutback) Prep. Veneer
 Feldspathic Non Prep Veneer

PFM _____ Full Cast Crown _____

Non-Precious Non-Precious
 Semi-Precious Semi-Precious White
 High Noble Noble Yellow
 High Noble Yellow High Noble Yellow



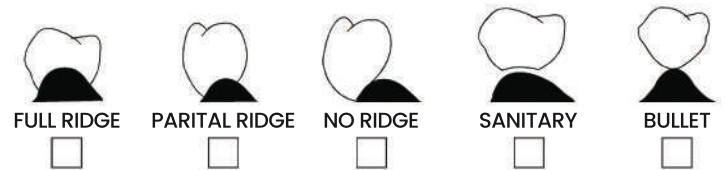
IMPLANT

Custom Abutment Stock Abutment
 Titanium Screw Retained
 Zirconia Cement Retained

Need advice from tech, or open to suggestions:

Yes No

Pontic Design:



Instructions:

OTHER

Mamelons:
 Yes No

Incisal Translucency:
 Yes No

Sizing of Implant & Brand _____

Cutback Preferences: _____

Buccal Corridor Preferences: _____

Central Sizing vs Lateral Sizing: _____

Primary Anatomy & Secondary Anatomy Preferences: _____