

# Allure

dental laboratory

2284 Glassell Street #C  
 Orange, CA 92865  
 800-440-0314  
 digital@allurelab.com

Case No.
Date
Due Date  (day before appt.)
Lab Use - Account #

Dr. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Phone # \_\_\_\_\_ Zip \_\_\_\_\_

CONTACTS:      OCCLUSION:

Light             None/Light  
 Medium         Medium  
 Heavy            Heavy

**Patient Name** \_\_\_\_\_



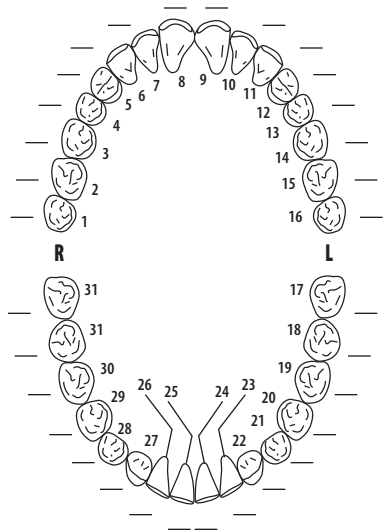
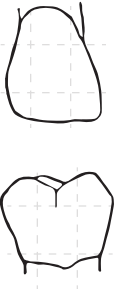
- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> FC Zirconia                           | <input type="checkbox"/> PFM         |
| <input type="checkbox"/> FC Esthetic<br>(Multi Layer Zirconia) | <input type="checkbox"/> BruxZir®    |
| <input type="checkbox"/> PFZ                                   | <input type="checkbox"/> Veneers     |
| <input type="checkbox"/> Lava®                                 | <input type="checkbox"/> Implant     |
| <input type="checkbox"/> E.max®                                | <input type="checkbox"/> Other _____ |

PONTICS:



Indicate tooth shade beside tooth #

Specific Instructions & Shade



*Person signing this authorization accepts responsibility for payment and agrees to pay all legal costs, including reasonable fees.*

Personal Signature of Dentist \_\_\_\_\_

Dentist's License No. \_\_\_\_\_

*Terms: Net 30 Days. 2% Service Charge Over 30 Days.*