Jacksons
PORCELAIN LABORATORY

1018 Airport rd. suite 110
Hot Springs , AR 71913
501-760- 4085
1- 877- 4-A-TOOTH

LABORATORY WORK AUTHORIZATION FORM

Doctor:_____ Rx Date:_____ Due Date:_____

Patient: _____ Age:_____ Sex:_____

SHADE INSTRUCTIONS

Stump (Prep) Shade
Required for all Z-maXX & e.max

Final Shade

_____ _____

OCCL STAIN

❑ None * ❑ Light* ❑ Medium ❑ Dark

* Standard unless otherwise specified

ALL-CERAMICS

- ❑ Veneers
- ❑ Full Contour Zirconium
- ❑ IPS e.max
  - ❑ Z-maXX.... Super Translucent zirconia.....720 MPa
  - ❑ Z-Prime....Gradient Technology zirconia..1200 MPa
  - ❑ Z-Plus.....High Translucency zirconia.....1000 MPa
  - ☐ BruxZir..... >1000 MPa

IMPLANTS - *PLATFORM*:_____

- ❑ Screw Retained
- ❑ Cement Retained
- ❑ Zirconia
- ❑ Titanium
- ❑ Custom Abutment
- ☐ Ti-base

Implant Crown : ☐ Z-Prime ☐ Z-Plus ☐ BruxZir ☐ ZirK

ZirK value line full contour zirconia single shade only

☐ Zirk multilayer value line FCZ

☐ Zirk posterior value line FCZ..... monochromatic

FULL CAST RESTORATIONS

- ❑ Noble (yellow) 2%
- ❑ High Noble (yellow) 58%
- ❑ White

Tooth number :_____

Special Instructions :

_____

_____

_____

_____

_____

_____

HAVE YOU INCLUDED THE FOLLOWING?

- ❑ Bite
- ❑ Photos
- ❑ Pre-op Model
- ❑ Opposing
- ❑ Model of Temps
- ❑ Shade

PONTIC DESIGN

* Standard unless otherwise specified

Nightguards — Protect your smile

☐ Keysplint Soft

Please Send:

Rx's	BOXES

_____
Signature of Dentist

_____
Dentist License #