



SONG'S DENTAL STUDIO INC.

AESTHETIC & IMPLANT DENTISTRY

32 Dormody Ct., Monterey, CA 93940
Telephone (831) 372-7644 • Facsimile (831) 372-7982

Dr. _____

Patient _____

Approx. Age _____

Date Work Wanted

Mon	Tues	Wed	Thur	Fri
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

Shade _____ Stump Shade _____ Teeth #. _____		Occlusal Staining <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark	Metal Design <input type="checkbox"/> No Metal <input type="checkbox"/> on Lingual <input type="checkbox"/> Lingual Collar <input type="checkbox"/> Metal Occlusal
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ADDITIONAL INSTRUCTION

Signature _____

License# _____

Restoration <input type="checkbox"/> PFM <input type="checkbox"/> Implant <input type="checkbox"/> Zirconia <input type="checkbox"/> Empress <input type="checkbox"/> E. Max <input type="checkbox"/> Captex <input type="checkbox"/> FGC Alloy <input type="checkbox"/> Non-precious <input type="checkbox"/> Semi-precious <input type="checkbox"/> Precious	Occlusal Clearance <input type="checkbox"/> In Occlusion <input type="checkbox"/> Out of Occlusion Proximal Contact <input type="checkbox"/> Light <input type="checkbox"/> Heavy Ridge Relief <input type="checkbox"/> No Relief <input type="checkbox"/> Light Relief <input type="checkbox"/> Medium Relief	Buccal Margin <input type="checkbox"/> Porcelain Margin <input type="checkbox"/> Porcelain to Metal <input type="checkbox"/> Metal Margin _____ mm. Pontic Design <input type="checkbox"/> Modified Ridge Lap <input type="checkbox"/> Sanitary On Ridge <input type="checkbox"/> Sanitary Off Ridge <input type="checkbox"/> _____ mm. <input type="checkbox"/> Full Ridge Coverage
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Doctor signing this authorization accepts sole responsibility, and agrees to pay all legal costs in the event of a suit, including reasonable attorney fees, and to have any legal dispute filed and resolved within the county in which the lab resides. Terms: net 30 days, 1 1/2% per month service charge over 30 days. SIMPLE IMAGE PRINTING 408.727.5127 FORM #1