



MASCOLA ESTHETICS
THE DENTAL LAB

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mascolaesthetics@sbcglobal.net

Doctor: _____ Location/Deliver to: _____

Patient: _____ Gender: _____ Age: _____

Prep Date: _____ Date Sent: _____ Due Date: _____

Shade: _____ Stump Shade: _____ Ofc Phone#: _____

Metal Preference

- Non Precious
- White Noble (incl alloy)
- White High Noble*
- Yellow High Noble*

Ceramics

- Emax Solid Stained
- Emax Layered
- Bruxzir™
- Hybrid Esthetic PFZ
- ZR 'Crystal Diamond' Solid
- PFZ 'Crystal Diamond' Layered
- Mascola 'Anteriors
- PFM

Case Includes

- Impressions
- Opposing Model
- Bite
- Pre-op Model
- Implant Parts
- Photos
- Shade Tab
- Enclosed Crown

Margin Preference

- Porcelain Shoulder
- No Visible Metal
- Lingual Metal Margin

Instructions

If Insufficient Room Call Me Reduce Opposing Reduction Coping

Doctor Please Retain Duplicate Copy

Signature _____

License Number: _____ State: _____

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal and collections costs in the event of suit, including reasonable fees and finance costs. Invoices not paid within 30 days of statement are subject to a service charge 1 ½ percent per month. Cost collection will be paid by the customer. Accounts with balances over 60 days are subject to being placed on C.O.D. basis. This contract performable in Bexar County TX. In the event of a dispute, the parties agree that the venue be Bexar County.