



**MASCOLA ESTHETICS**

**THE DENTAL LAB**

www.mascolaesthetics.com

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San Antonio Texas 78238  
210.490.5533

Toll Free  
877.490.5533  
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**

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**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.