



Serjio Sarkuni, CDT

732 North Lake Ave. #103
Pasadena, CA 91104
Tel. 626- 381-9876
www.AceTechDental.com



ACETECH
DENTAL LAB

Work Authorization

Due date must be 1 day prior to patient's appointment

Today's Date: _____ Date Wanted: _____

Dr's Name _____

Dr's Address: _____

Patient's Name: _____ Age: ___ Male Female

Instruction: Shade VITA CL _____

Rx

Vita 3D-Master yes no





Base metal alloy yes no

High Noble yes no

360 metal margin yes no

Porc. Margin yes no

Pontic Designs
(please circle)

 CONICAL	 HYGIENIC
 SADDLE	 MOD. RIDGE

Finished Try in Imp. Disinfected*

Attachment _____ Broken stress _____ Simple _____ Compound _____

Dentist's Sig. _____ License # _____

* Accounts over 30 days past due will be subject to charge of 10% per month on the unpaid balance (Annual percentage 120%). If payment is received within 5 days of statement, 2% will be credited to your account.



Serjio Sarkuni, CDT

732 North Lake Ave. #103
Pasadena, CA 91104
Tel. 626- 381-9876
www.AceTechDental.com



ACETECH
DENTAL LAB

Work Authorization

Due date must be 1 day prior to patient's appointment

Today's Date: _____ Date Wanted: _____

Dr's Name _____

Dr's Address: _____

Patient's Name: _____ Age: ___ Male Female

Instruction: Shade VITA CL _____

Rx

Vita 3D-Master yes no





Base metal alloy yes no

High Noble yes no

360 metal margin yes no

Porc. Margin yes no

Pontic Designs
(please circle)

 CONICAL	 HYGIENIC
 SADDLE	 MOD. RIDGE

Finished Try in Imp. Disinfected*

Attachment _____ Broken stress _____ Simple _____ Compound _____

Dentist's Sig. _____ License # _____

* Accounts over 30 days past due will be subject to charge of 10% per month on the unpaid balance (Annual percentage 120%). If payment is received within 5 days of statement, 2% will be credited to your account.