

14752 Franklin Ave Unit D Tustin, CA 92780

Toll Free: 888-341-6333
Pick Up: 949-307-9989
Email: info@itecdental.com

Office		
Doctor	Tel	
Postore	-	
PatientSHADE:	Due Date	
SHADE:	All Ceramic ☐ Katana ☐ BruxZir ☐ LAVA ☐ IPS e.max crown/veneer/inlay ☐ PFZ	
Specific Instructions	PFM ☐ Non-precious ☐ Semi-precious ☐ White HN ☐ Yellow HN	
C D P	Implant (serving Major Implant Brands) □ Titanium Custom Abutment □ Zirconia Custom Abutment □ Zirconia Hybrid Abutment □ Gold Custom Abutment	
ALL RESTORATIONS ARE MADE IN U.S.A.	Screw Retained Implants Restorations ☐ PFM (White Gold Only) ☐ BruxZir Full Solid Zirconia ☐ Porcelain Fuse to Zirconia ☐ IPS e.max	
Doctor's Signature:	☐ Comfort Splint ☐ Custom Tray ☐ Bleeching Tray ☐ Diagnostic Wax-up	
Metal Design	Pontic Design	
No Mtl. 360 Mtl. Metal Lingual Collar Cusp. Mtl. Occl Excl. Buccal Cusp.	2222	
F NOT ENOUGH CLEARANCE: Reduction Coping	Spot Opp. Call Dr.	

*Standard unless specified otherwise

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card	l Information				
Card Type:		□ VISA	□ Discover	O AMEX	
Cardholder	Name (as shown o	n card):			
Card Number	er:				
Expiration Date (mm/yy):		CVV	CVV code :		
Cardholder 2	ZIP Code (from cre	edit card billing add	lress):		
above for ag	greed upon purchas on my account.	authorize <u>iTec Der</u> ses. I understand th	atal Laboratory to at my information will	charge my credit card be saved to file for future	
Customer Si	gnature	Date			