



# Pacific Northwest PROSTHODONTIC LABORATORY

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## DENTAL WORK AUTHORIZATION

DATE \_\_\_\_\_ DELIVER DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM DR. \_\_\_\_\_

PATIENT \_\_\_\_\_ AGE \_\_\_\_\_ M/F DR. TEL \_\_\_\_\_

<input type="checkbox"/> DENTURES	<input type="checkbox"/> PARTIAL DENTURE FRAME (please design below)		
<input type="checkbox"/> TRAY	<input type="checkbox"/> OCCLUSAL RIMS	<input type="checkbox"/> TRY-IN	<input type="checkbox"/> FINISH
SHADE _____	MOLD _____	BRAND _____	

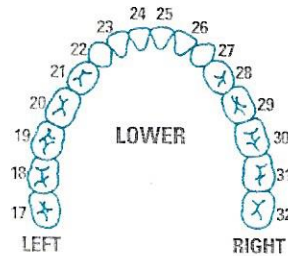
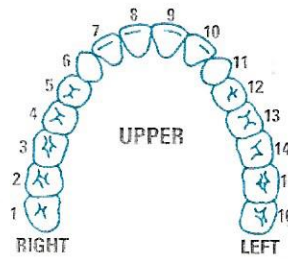
IMPLANT SYSTEM \_\_\_\_\_ PLATFORM/SIZE \_\_\_\_\_

ABUTMENT STYLE \_\_\_\_\_ PROSTHESIS DESIGN \_\_\_\_\_

SCREW RETAIN \_\_\_\_\_  CEMENT RETAIN \_\_\_\_\_

<b>CROWN &amp; BRIDGE</b>	<input type="checkbox"/> ALL CERAMIC	<input type="checkbox"/> PFM	<input type="checkbox"/> ALL METAL
<b>ESTHETIC BUILD</b>	<input type="checkbox"/> MONOLITHIC/FULL CONTOUR	<input type="checkbox"/> LAYERED CONTOUR	
<b>MARGIN STYLE</b>	<input type="checkbox"/> CERAMIC BUTT	<input type="checkbox"/> METAL COLLAR	<input type="checkbox"/> DISAPPEARING
<b>SHADE</b>	STUMPF _____	CERVICAL _____	MID _____
			INCISAL _____

Rx



DR. SIGNATURE \_\_\_\_\_

DR. LICENSE # \_\_\_\_\_