

DENTIST & PATIENT

Patient Name _____ Date _____
(REQUIRED)

Placing Dr. _____ License # _____
(REQUIRED)

Dr. Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

DELIVER CASE TO OFFICE

Restoring Dr. _____ License # _____
 Same as placing Dr. Include in online meeting

Dr. Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

SURGICAL (REQUIRED)

Arch Maxillary Mandible Both

Implant Position (maxillary) _____ (mandibular) _____

Implant Brand _____ Implant Line _____

Implant size _____ Fully Guided Kit _____

Grafting Yes No

RECORDS (REQUIRED)

Digital Impression _____ Polyvinyl Impression or models

Open VDO _____ or _____ mm Close VDO _____ mm

Shade _____

See Instructions Duplication of current smile

Clinical Photos (full face w/ full smile, and close up in occlusion)



CT SCAN (REQUIRED)

Maxillary Patient CT scan Mandibular Patient CT Scan

Maxillary Appliance CT Scan Mandibular Appliance CT Scan

Always scan **dentate patients** with open biting on cotton rolls. If **Denture Patient**, always ensure denture is fitting well and no soft liner is present. Place a minimum of 6 scan markers on denture randomly. Dual scan: 1st scan - Patient wearing denture, 2nd scan - Denture alone on cotton rolls or packing foam. Please visit PetersonDentalLab.com for more information.

Peterson Dental Lab Services, Provisional & Parts to Provide:

Services:

Treatment Plan

Surgical Guide

Schedule Chairside Service

Provisional: (Select 1 Option)

Guided Temp (w/ interface)

Guided Temp (w/ wings)

Back Up Denture

Flipper

No Provisional

Implant Parts:

Fixation Kit (Drill & Pins)

Temporary Cylinders

MUA Abutment

(All cases submitted will be billed a treatment plan fee. Treatment plan includes: uploading and merging files, evaluating implant placement, virtual meeting or call to discuss options.)

Instructions

Signature _____ (REQUIRED)

License # _____ (REQUIRED)

The person signing this work authorization accepts sole responsibility for payment and agrees to pay all collection costs including attorney's fees. A 2% late charge will be added to all balances due over 30 days. NOTE: Retain one sheet for your records and return the other sheet(s) with work to be completed. Please use black or blue when completing this form.