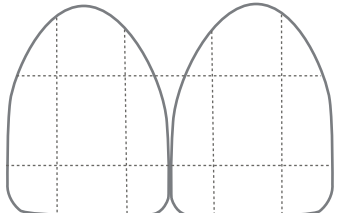


Step 1- Dentist & Patient Information	Step 2- Restoration Type <i>(Required to select at least 1 Option)</i>	
<p>Today's RX Date _____</p> <p>Return Date _____ <small>(Standard working time if no date given)</small></p> <p>Dr. Name _____ <small>(REQUIRED)</small></p> <p>Dr. Phone _____</p> <p>Dr. Account _____</p> <p>Email _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Patient _____ <small>(REQUIRED)</small></p> <p style="text-align: center;"><input type="radio"/> Male <input type="radio"/> Female</p>	<p>Zirconia</p> <p><input type="radio"/> PFZ* (Porcelain Fused to Zirconia)</p> <p><input type="radio"/> FCZ Esthetic (High Translucent FCZ)</p> <p><input type="radio"/> FCZ (Full Contour Zirconia)</p> <p>All Ceramic (Lithium Disilicate)</p> <p><input type="radio"/> Layered Crown* (recommended for single tooth anterior)</p> <p><input type="radio"/> Monolithic Crown (recommended for posterior) Layered</p> <p><input type="radio"/> Veneer</p> <p><input type="radio"/> Monolithic Veneer</p> <p><input type="radio"/> Inlay/Onlay</p> <p>NanoCeramic</p> <p><input type="radio"/> Crown</p> <p><input type="radio"/> Bridge (Up to 2 units)</p> <p><input type="radio"/> Veneer</p> <p><input type="radio"/> Inlay/Onlay</p>	<p>Provisional</p> <p><input type="radio"/> PMMA (all 16 shades + Bleach)</p> <p><input type="radio"/> Acetal (Available shades A1, A2, A3.5, B1, Bleach)</p> <p>PFM Metal</p> <p><input type="radio"/> Non-Precious (Base)*</p> <p><input type="radio"/> Semi-Precious</p> <p><input type="radio"/> High - Noble</p> <p>Full Contour Metal</p> <p><input type="radio"/> Au 58%* Yellow (High Noble) Au</p> <p><input type="radio"/> 40% Yellow (Noble)</p> <p><input type="radio"/> Au 2% Warm Yellow (Noble)</p> <p><input type="radio"/> Non-Precious Silver Color (Base)</p>
Any incomplete areas marked in blue, will result in the delaying of your case or reserving a chairside technician.		
Step 3- Design	Step 4- Specifications	Special Instructions
<p>Characterization</p> <p style="text-align: right;">Shade: _____ <small>(REQUIRED)</small></p> <p style="text-align: right;">Stump Shade : _____ <small>(REQUIRED for Glass Ceramics or Esthetic)</small></p> <p style="text-align: right;">Tissue Shade : _____</p>  <p>Pontic Design</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="radio"/></div> <div style="text-align: center;"> <input type="radio"/></div> <div style="text-align: center;"> <input type="radio"/></div> <div style="text-align: center;"> <input type="radio"/></div> <div style="text-align: center;"> <input type="radio"/></div> </div>	<p>COMMUNICATION</p> <p>Email Design Approval Call me (Technical) <input type="radio"/> Yes <input type="radio"/> No</p> <p>Call me (Customer Service) <input type="radio"/> Yes</p> <p>Completion <input type="radio"/> Complete* <input type="radio"/> Try-In Frame work <input type="radio"/> Try-In Device <input type="radio"/> Wax Up (prior to starting case)</p> <p>TECHNICAL</p> <p>Occlusal Stain <input type="radio"/> None* <input type="radio"/> Light <input type="radio"/> Medium</p> <p>Limited Space <input type="radio"/> Adjust opposing* <input type="radio"/> Occlusal Island</p> <p>Adjacent Contact <input type="radio"/> Reduction Coping <input type="radio"/> Call <input type="radio"/> Pin Point <input type="radio"/> Firm <input type="radio"/> Light* <input type="radio"/> Tight</p> <p>Occlusal Clearance <input type="radio"/> Just Out (16µ paper, no marks) <input type="radio"/> Light* (16µ paper, 1 dot) <input type="radio"/> Other _____</p>	<p>Special Instructions</p> <p>*Standard design if an option is not selected. Email Photos: info@PetersonDentalLab.com</p>
Step 5 - Signature		
<p>Dr. Signature _____ <small>(REQUIRED)</small></p>		<p>License # _____ <small>(REQUIRED)</small></p>
<p>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.</p>		