

Step 1- Dentist & Patient Information

Restorative Dr. Name _____ (REQUIRED) Phone () _____ - _____ Email _____

Today's RX Date _____

Surgical Dr. Name _____ Phone () _____ - _____ Email _____

Return Date _____

(Standard working time if no date given)

Patient Name _____ (REQUIRED) Male Female Shade _____ (REQUIRED)

Step 2- Restorative Space

Select One: (REQUIRED)

- FP1 (Crown & Bridge - No pink)
- FP2 (Teeth - with slight amount of pink)
- FP3 (Traditional Hybrid with pink)

Step 3 - Select Restoration Materials & Fixation to Implants (REQUIRED)

Screw-Retained (no bar)

- Monolithic Zirconia (on tibase)
- PFM (milled CrCo)
- Provisional
 - PMMA
 - Acetal

Screw-Retained (w/ Bar)

- Monolithic **FCZ** (Full Contour Zirconia)
 - Integrated
 - Montreal
 - Prep bar
- Monolithic **Nano-Ceramic**
 - Integrated
 - Montreal
 - Prep bar
- Monolithic **Acrylic**
 - Integrated
 - Montreal
 - Prep bar

Cement-Retained

- Zirconia on Ti. Custom Abutments
 - PFZ
 - FCZ

Call me to discuss prosthetic options
(add 2 days of in-lab time to allow for Case Planning to discuss with clinician)

Step 4- Stage to Come Back to Office

Preliminary (5 days in lab)

- Send Impression Transfers
- Occlusal Rim
- Implant Verification Jig

Try-In Device (6 Days in lab) (All printed in A1)

- Fabricate from PDL Digital Scan Model Protocol
- Fabricate from PDL Digital Provisional Fabricate
- from Occlusal Rim

Additional Services

- Redesign (digital reset)
- Duplicate Try-in Device for temp (\$750)
- Add Pink (+\$50)

Finish

- Finish
- Reset & Finish (Design Approval required)
- Skip Try-In Device and go to Finish (Design Approval required)

Screw-retained (No Bar) - 10 Days in Lab
Screw-retained (w/ Bar) - 15 Days in Lab
Cement-retained - 15 Days in Lab

Step 5- Optional Additional Communication

Communication

- Email Design Approval
- Call me (Technical)
- Call me (Customer Service)
- I sent photos to info@PetersonDentalLab.com

Any incomplete areas marked in blue, will result in the delaying of your case or reserving a chairside technician

Step 6 - Signature

Dr. Signature _____ License # _____
(REQUIRED) (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.