

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)

Overdenture Options

Select Product (REQUIRED) **Select Attachment Pick-Up** (REQUIRED)
 Standard Denture w/ Frame* Direct Conversion (Intra Oral pickup)
 Indirect Conversion (Lab Processed)
Stage to come back to office (REQUIRED)
 Custom Tray Set-Up Process & Finish
 Occlusal Rim (w/ frame) Reset

Bar Overdenture Options

Select Product (REQUIRED)
 Locator Bar Overdenture Hader Bar Overdenture
 Rhein83 Ball Bar Overdenture
Stage to come back to office (REQUIRED)
 Custom Tray Set-Up Bar, Frame & Set-up
 Occlusal Rim Reset Bar, Frame & Reset
 Implant Verification Jig Process & Finish

Special Instructions

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

*Standard design if an option is not selected

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

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.