

Step 1- Dentist & Patient Information	Step 2- Restoration Type <i>(Required to select at least one 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>Flexible Partial</p> <p><input type="radio"/> Nesbit Pink Tissue <input type="radio"/> Nesbit Clear Tissue <input type="radio"/> Partial Pink Tissue</p> <p>Acetal Partial</p> <p><input type="radio"/> Nesbit (1 color) <input type="radio"/> Partial (1 color) <small>Shades Available: A1,A2,A3.5,B1,Bleach)</small></p> <p>Acrylic Partial</p> <p><input type="radio"/> Flipper (1 tooth) <input type="radio"/> Partial (multiple teeth)</p> <p>Frame Works</p> <p><input type="radio"/> Milled Titanium* <input type="radio"/> Milled CrCo <input type="radio"/> Flexible VisiClear <input type="radio"/> Flexible Acetal Pink</p>	<p>Full Denture</p> <p><input type="radio"/> Basic <input type="radio"/> Standard*</p> <p>Splints</p> <p>Step 1: <i>Select Arch</i></p> <p><input type="radio"/> Upper <input type="radio"/> Lower</p> <p>Step 2: <i>Design</i></p> <p><input type="radio"/> Flat Plane* <input type="radio"/> Anterior Guidance Deprogrammer <input type="radio"/> Basic night guard (uniformed thickness)</p> <p>Step 3: <i>Material</i></p> <p><input type="radio"/> Thermo-Guard* (Flexible in hot water) <input type="radio"/> Hard (Processed) <input type="radio"/> Hard/Soft (Thermoformed) <input type="radio"/> Soft (Thermoformed)</p>	<p>Miscellaneous</p> <p><input type="radio"/> Custom Tray <input type="radio"/> Bite Rim <input type="radio"/> Custom Tray/ Bite Block Combo <input type="radio"/> Clear Ortho Retainer <input type="radio"/> Bleaching Tray <input type="radio"/> Essix Appliance <input type="radio"/> Palatal Stent <input type="radio"/> Duplicate Clear Denture <input type="radio"/> Duplicate Clear Denture (abutment guide) <input type="radio"/> Processed Base w/ Wax Rim <input type="radio"/> Add Name to Denture</p>
Step 3 - Design	Special Instructions		
<p>Shade: _____ <small>(REQUIRED)</small></p> <p>Tissue Shade: <input type="radio"/> Standard* <input type="radio"/> Light <input type="radio"/> Dark <input type="radio"/> Shade Tab Sent</p> <p>Set-Up: <input type="radio"/> Ideal* <input type="radio"/> Copy Study <input type="radio"/> Characterized</p> <p>Extractions: <input type="radio"/> At Try-in <input type="radio"/> At Delivery <input type="radio"/> All Remaining Teeth <input type="radio"/> None</p> <p>Clasp: <input type="radio"/> Clear Flexible <input type="radio"/> Pink Flexible <input type="radio"/> Tooth Colored <input type="radio"/> Wire <input type="radio"/> Milled Metal</p>	<p>* Standard design if an option is not selected</p> <p><i>Areas incomplete areas marked in blue will result in the delaying of your case.</i></p> <p>COMMUNICATION</p> <p><input type="radio"/> Email Design Photos <input type="radio"/> Call Me (Technical) <input type="radio"/> Call me (Customer Service) <input type="radio"/> I sent photos to info@PetersonDentalLab.com</p>		
Step 4- Stage to Come Back to Office	Step 5 - Signature		
<p>Preliminary</p> <p><input type="radio"/> Custom Tray <input type="radio"/> Occlusal Rim <input type="radio"/> Custom Tray / Bite Block Combo <i>(Doctor is to reline 1st then take bite records)</i> <input type="radio"/> Occlusal Rim on Frame <i>(select frame in step)</i></p> <p>Set-Up & Frame Finish</p> <p><input type="radio"/> Set-Up (partials are all digital) <input type="radio"/> Finish approved Set-Up <input type="radio"/> Set-Up on Frame <input type="radio"/> Start to Finish (no try-in) <input type="radio"/> Reset & Return* <input type="radio"/> Reset & Process to Finish <input type="radio"/> Send Frame back ONLY</p> <p style="text-align: center;">Required to select at least one option</p>	<p style="text-align: center;">Step 5 - Signature</p> <p>Dr. Signature _____ License # _____</p> <p style="text-align: center;"><small>(REQUIRED) (REQUIRED)</small></p> <p style="font-size: small; text-align: right;">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>		