

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 _____

Fully Guided Kit _____

RECORDS (REQUIRED)

- Digital Impression _____ or Polyvinyl Impression or models
- Open VDO _____ mm Close VDO _____ mm
- Shade _____
- See Instructions Duplication of current smile
- Clinical Photos (must include 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 to Include with Case

- Fixation Kit (required to have for surgery, Drill & Pins)
- Abutments
- Temporary Cylinders
- Back Up Denture
- Schedule Chairside Service

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.