

Doctor & Patient Information

Doctor: _____
 Phone: _____
 Email: _____
 Patient: _____
 Today's Date: _____
 Return Date: _____

Prosthetics

Monolithic Hybrid (FP2-3)

- ZIR ML PMMA
 Tibase Rosen Screw

Integrated Bar Hybrid (FP2-3)

- ZIR ML PMMA

Wrap Around Bar (FP2-3)

- PMMA

Prep Bar Hybrid (FP2-3)

- ZIR ML

Bridge (FP1)

- ZIR ML PMMA

Implant Information

Implant Manufacturer: _____ (ex: Straumann)

Implant Connection: _____ (ex Bone Level)

MUA Abutments Present: Yes No

Workflow:

- Photogrammetry Traditional PVS
 Intra Oral Scan

Esthetics

3 Pictures

- Full face, full smile (teeth closed)
 Full face, repose (teeth open)
 Full face, profile, repose (teeth closed)

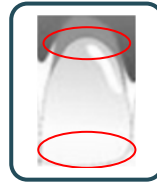
Vertical Dimension

- Open _____mm
 Close _____mm
 Follow Existing

Maxillary Option

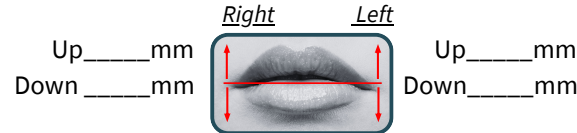
- Neck*
 Up _____mm
 Down _____mm
 Follow Existing

Reference Tooth #: _____



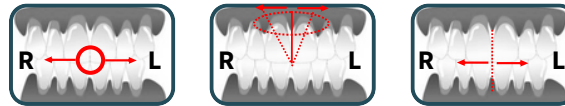
- Incisal*
 Up _____mm
 Down _____mm
 Follow Existing

Horizontal Plane



Midline

Right _____mm _____mm _____mm
 Left _____mm _____mm _____mm



Shade

Teeth: _____ (Vita Classic A1-D4, B11-B14)
 Tissue: _____ PDL Guide

Other

Opposing Arch

- Set to existing plane of occlusion
 Set Ideal plane of occlusion

Chairside Use Only

Chairside Tech Name: _____

Jaw Relation

- Tech inspected MIP bite *initial:* _____

Photos

- Tech captured "3 pictures" *initial:* _____

Esthetics

- Tech reviewed area with Dr. *initial:* _____

RX

- Tech reviewed RX *Initial:* _____

Dr Use Only

Jaw Relation

- Dr inspected MIP bite *Dr initial:* _____

Implant Location

- Dr retorqued MUAs *Dr initial:* _____

Clinical Notes

Dr. Signature _____ License # _____

The persons 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 ink when completing this form.