

## Contact Information

Dr. Name: \_\_\_\_\_  
 Pt. Name: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Gender:  Male  Female

## Logistics

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

All restorations are 10 days in lab.  
 Do not count transit to and from lab.

## Restorative Options

### ZIRCONIA

- PFZ (default anterior)  
 FCZ ML  model free  
 FCZ Basic  model free (default posterior)

### CERAMIC

- Ceramic Crown  model free  
 Ceramic Veneer  
 Ceramic Inlay/Onlay

### PFM

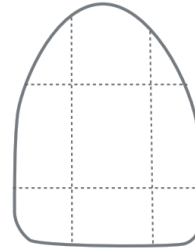
- NP (Non-precious)  Semi-precious (default)  
 High Noble

### Full Contour Metal

- NP (Non-precious)  Yellow Gold 40% (default)  
 Yellow Gold 2%

## Shade & Tooth Position

Shade: \_\_\_\_\_  
 Stump: \_\_\_\_\_



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Structure Design

### Pontic Design

- Full Ridge  Modified Ridge  Ovate  Point  No Contact

### Margin Design for Metal

- NO METAL # \_\_\_\_\_  METAL LINGUAL # \_\_\_\_\_  360° METAL # \_\_\_\_\_  3/4 METAL # \_\_\_\_\_  FULL METAL # \_\_\_\_\_  ANT. METAL # \_\_\_\_\_

- Single  Bridge  Cantilever Bridge  Maryland Bridge  Try-In Device

## Additional Options

### If Insufficient Room

- Adjust Opposing & Mark  
 Adjust Prep & Mark Die  
 Make Metal Island  Make Metal Occlusal  
 Adjust Prep & Make Reduction Coping  
 Contact for Discussion

### Enclosed with Case

- Impressions x \_\_\_\_\_  Opposing Model x \_\_\_\_\_  
 Bite x \_\_\_\_\_  Study Model x \_\_\_\_\_  
 Photo x \_\_\_\_\_  Other x \_\_\_\_\_

Email Photos: [Info@petersondentallab.com](mailto:Info@petersondentallab.com)

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. If restorative dentist is covering certain costs please note on RX above. 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.