

Contact Information

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

Logistics

Today's Date: ____/____/____
Return Date: ____/____/____

*10 Days in lab.
 Do not count transit to and from lab*

Restorative Options

Bella

- Bella PFZ *(default)*
- Bella Ceramic
- Try-In Device
- Single Bridge Cantilever Bridge

Insufficient Room

If Insufficient Room

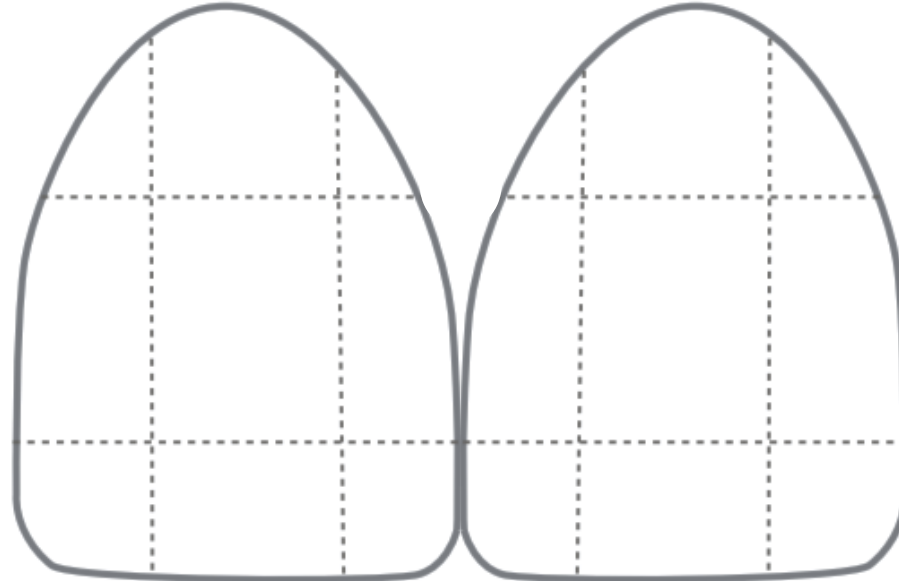
- Adjust Opposing & Mark
- Adjust Prep & Mark Die
- Adjust Prep & Make Reduction Coping
- Contact for Discussion

Enclosed

Enclosed with Case

- Impressions x _____ Opposing Model x _____
- Bite x _____ Study Model x _____
- Photo x _____ Other x _____

Indicate shading on tooth diagram



Stamp
Shade

<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"/>

Main (561) 272-6662

Email Photos Info@petersondentallab.com

Send Design Approval Yes

Call Me Customer Service Yes

Call Me Technical Support Yes

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 cost 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.