PETERSON
DENTAL LABORATORY

Express IOS RX

Contact Information

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

Logistics

Todays Date: _____/_____/_____
Return Date: _____/_____/_____

Cases must be received by lab by 12:00pm

Next Day by 4:00PM
Flipper, SR Provisional, Essix, Immediate & Copy Denture
2 Days In-Lab
FCZ Basic, Ceramic

Restorative Options

Fixed

- ○ FCZ Basic *(Model free)*
- ○ Ceramic Crown *(Model free)*
- ○ Provisional PMMA *(Model free)*
- ○ Provisional Acetal *(Model free)*

Removable

- ○ TruColor Partial Complete *(Includes model)*
- ○ TruColor Immediate *(Model free)*
- ○ TruColor Copy Denture *(Model free)*
- ○ Essix Appliance

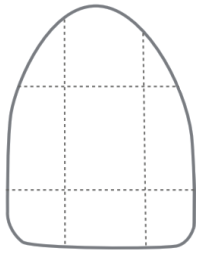
Implant

- ○ SR PMMA *(Model free)*
- ○ SR Acetal *(Model free)*

Shade & Tooth Position

Shade: _____
Stump: _____
Pink:

- ○ Pink V2 *(Default)*
- ○ Intense Pink V2
- ○ Light Purple V2



○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
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
○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Implant Information

Manufacturer: _____ (i.e. Nobel, Straumann, Biohorizon, ect.)
Connection: _____ (i.e Bonelevel, Tissue level, BLX, Conical, Internal Hex)
Platform Size: _____ (i.e. RC, NC, RP, WP, RP,NP)
Scan Body Brand: _____(i.e. Dess, Nobel ELOS, Straumann Metal, Straumann Mono)
Scan Body SKU: _____

Additional Options

If Insufficent Room

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

All cases must be submitted digitally

If you do not have an intra oral scanner, please contact our Chairside Service team for them to digitize your patient. Additional fees apply.

Main: (561) 272-6662
Email Photos: 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 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.