

Contact Information

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

Logistics

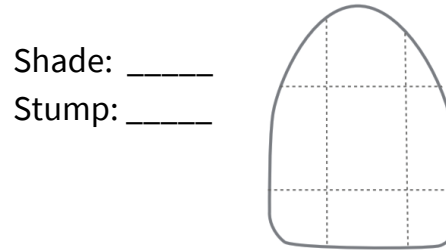
Todays Date: ____/____/____
 Return Date: ____/____/____

5 Days in Lab = Zirconia, PMMA, Ceramic, Try-In Device
 10 Days in Lab = PFM & Full Metal
Do not Count transit to and from lab

Restorative Options

- ZIRCONIA**
- PFZ (default anterior, single central please use Bella RX)
 - FCZ ML model free (default posterior)
 - FCZ Basic model free
- CERAMIC**
- Ceramic Crown model free
 - Ceramic Veneer
 - Ceramic Inlay/Onlay
- PFM**
- NP (Non-precious) Semi-precious (default)
 - High Nobel
- Full Contour Metal**
- NP (Non-precious) Yellow Gold 40% (default)
 - Yellow Gold 2%
- Provisional**
- PMMA (polished only) PMMA ML (Glazed)
 - Acetal (polished only) Acetal ML (Glazed)

Shade & Tooth Position



| | | | | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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



Margin Design for 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

Send Design Approval Yes No

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.