

Dr. Name \_\_\_\_\_ Phone# \_\_\_\_\_

Patient ID/Name \_\_\_\_\_ Acct. # \_\_\_\_\_

Address/Email \_\_\_\_\_ Deliver by 5 p.m. on \_\_\_\_\_

### Full Denture

#### TruColor Digital Denture

- Copy Denture
- Reprint Replacement
- Immediate Denture
- Complete Denture
  - To Finish
  - Try-In Device

#### Handcrafted Denture

- Immediate
- Complete Denture
  - To Finish
  - Set-up
- Basic Teeth
- Standard Teeth\*

### Acrylic Partial

#### TruColor Digital Partial

- Immediate
- Reprint Replacement
- Complete
  - To Finish
  - Try-In Device

#### Flexible Partial

- Immediate
- Complete
  - To Finish
  - Set-up
- Nesbit
  - w/ pink tissue
  - w/ clear tissue
- Acetal Flipper

### Metal Partial

#### Frame Materials

- Cobalt Chrome\*
- Titanium

#### Frame with Flexible Clasp

- Clear flexible clasp on cobalt chrome frame
- Pink flexible clasp on cobalt chrome frame
- Lab to design Case
- Milled Acetal Partial

**Acetal Available Colors**  
A1,A2,A3,A3.5,B1,Bleach  
Shade \_\_\_\_\_

#### Phase of Treatment

- Frame Try-in Only
- Frame w/ wax-rim
- Frame w/ set-up
- Finish

#### Combination

- Fabricate RPD to fit restoration
- Future RPD
  - Metal
  - Flexible
  - Acetal

#### Crown Choice

- FCZ ML
- FCZ Basic
- PFM NP
- PFM Nobel
- PFZ

### Night Guards

- Upper Arch
- Lower Arch

#### Thermo-Guard\* (self adjusting)

- Flat Plane\*
- Ant. Guidance

#### H/S Splint (hard w/ soft reline)

- Uniform Thickness\*
- Flat Plane
- Ant. Guidance

#### Hard Splint (milled)

- Flat Plane\*
- Ant. Guidance

#### Soft Guard

- Uniform Thickness

### Preliminary

- Customer Tray Rim Combo
- Custom Tray
- Wax Rim

### Other Appliance

- Essix Appliance
- Relace Teeth \_\_\_\_\_
- Ortho Retainer
- Bleaching Tray
- Palatal Retainer
- Clear Denture

### Repairs

- Repair
- Add Clasp
- Reline (Soft)
- Reline (Hard)
- Weld
- Rebase
- Reline (Soft)/Repair
- Reline (Hard)/Repair

Tooth Shade \_\_\_\_\_

#### Tooth Setup

- Ideal
- Characterized
- Study Model
- Masculine
- Feminine
- Age \_\_\_\_\_

#### Gingival Shade

- TruColor  Pink  Int. Pink  Light Purple
- HandCrafted  Light Pink  Std Pink  Dark Pink
- Flexible  Light Pink  Std Pink  Dark Pink

#### Extractions

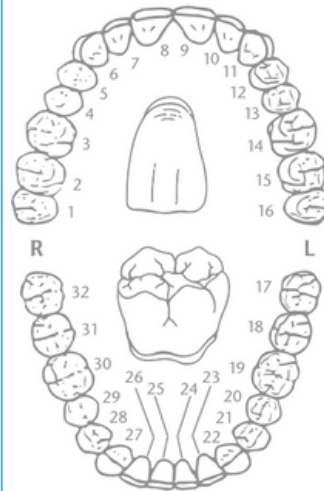
- Extract NOW
- Extract at Final Processing
- None

#### Add Clasp

- Flexible
- Clear
- Pink
- Tooth
- Metal
- Wire
- Clasp CrCo
- Clasp Ti

#### Additional

- Add Name to Appliance



Main: (561) 272-6662

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

\* = Standard design if an option is not selected

Send Design Approval  Yes

Call Me Customer Experience  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 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.