



Pacific Northwest

PROSTHODONTIC

L A B O R A T O R Y

DENTAL WORK AUTHORIZATION

1726 138th Place NE

Bellevue, WA 98005

425.698.1440

www.pnwproslab.com

DLAB.FS61146491

DATE _____	DELIVER DATE _____ TIME _____ AM/PM	DR. _____
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PATIENT _____ AGE _____ M/F	DR. TEL _____
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DELIVERY ADDRESS IF DIFFERENT _____

DENTURES **PARTIAL DENTURE FRAME** (please design below)
 TRAY OCCLUSAL RIMS TRY-IN FINISH
 SHADE _____ MOLD _____ BRAND _____

CROWN & BRIDGE ZIRCONIA E. MAX PFM FULL METAL
ESTHETIC BUILD MONOLITHIC/FULL CONTOUR LAYERED CONTOUR
SHADE STUMP _____ CERVICAL _____ MID _____ INCISAL _____

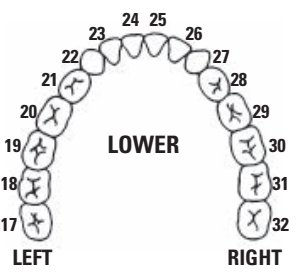
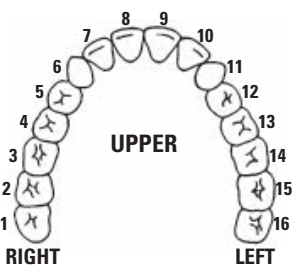
IMPLANT SYSTEM _____ **PLATFORM/SIZE** _____

ABUTMENT STYLE

AUTHENTIC PARTS ATLANTIS ARGEN OTHER _____
 SCREW RETAINED _____ CEMENT RETAINED _____
All implant parts are 510(k) compliant. If no selection is made, authentic parts will be used.

DIAGNOSTIC / NIGHT GUARD

DIAGNOSTIC WAXUP ESSIX TEMP ESSIX RETAINER
 NG-ECLIPSE HARD NG-ECLIPSE HARD/SOFT NG CUSTOM FIT HARD/SOFT (RELINABLE)



Rx

DR. SIGNATURE _____

DR. LICENSE # _____