



Pacific Northwest

PROSTHODONTIC

L A B O R A T O R Y

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DENTAL WORK AUTHORIZATION

DLAB.FS61146491

DATE _____ DELIVER DATE _____ TIME _____ AM/PM DR. _____

PATIENT _____ AGE _____ M/F DR. TEL _____

DELIVERY ADDRESS IF DIFFERENT _____

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

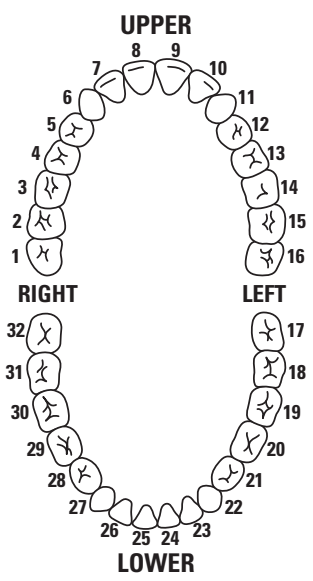
CROWN & BRIDGE ZIRCONIA E. MAX PFM FULL METAL
ESTHETIC BUILD MONOLITHIC/FULL CONTOUR LAYERED CONTOUR
SHADE STUMP _____ CERVICAL _____ MID _____ INCISAL _____

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.

CLEAR ESSIX BLEACHING TRAY NG-PRINTED HARD NG-HEAT PROCESS ACRYLIC
 FLIPPER SPORTS GUARD (CLEAR OR WHITE) NG-PRINTED FLEX NG-CUSTOM FIT H/S RELINABLE



Rx

DR. SIGNATURE _____
 DR. LICENSE # _____