

Dental Laboratory Work Authorization
Official Wisconsin Form



Waunakee:
800-236-3859
Baraboo:
800-362-3340
Watertown:
800-936-6666
Mondovi:
800-591-7964
715-926-3861



Date _____

Doctor's Name Telephone Number

Street Address City/State/Zip

License Number and State

Patient Name or Identification Number Age Sex

Removable Prosthodontics:

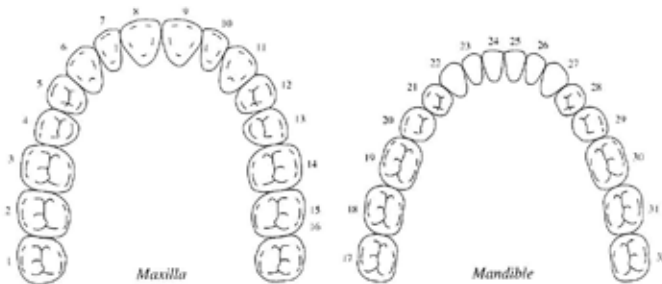
Anterior: Shade and Molds: **Posterior:** Shade and Molds:
 Porcelain _____ Porcelain _____
 IPN _____ IPN _____

Partial Denture Alloy:

Vitallium®
 Gold

Materials:

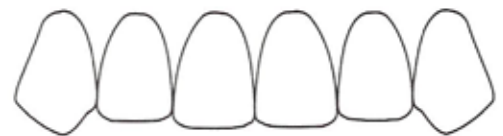
Acrylic Specifications:



Fixed Prosthodontics

PFM Design: Full Porc. L. Band L. Band F. Collar Full Metal L. Full Metal L. F. Collar

Pontic Design: Full Ridge Partial Ridge No Ridge Point Contact No Contact



Shade: Finish: Try-in:

Ridge Relief:

None Medium Slight Heavy

Substructure:

Empress™
 Procera®
 Lava™
 Captex™
 AGC®
 Cast, Hi Noble
 Cast, Noble
 Titanium

If Minimal Occlusal Clearance:

Metal occlusal
 Reduce coping thickness
 Reduce opposing tooth

Contacts:

Open
 Closed

Porcelain Glazing:

High
 Regular
 Low

Infection Control Information:

Impression Material: PVS Polyether Alginate Other
 Disinfected With: Phenol Chlorine Iodophor Other
Please Send: Rx Forms Mailing Labels Boxes
Delivery: UPS U.S. Mail

Please call regarding this case.

Telephone Number: _____

Time to call preference: _____

Instructions:

Date/Time To Be Returned:

Monday	Tuesday	Wednesday	Thursday	Friday
Time: _____	Time: _____	Time: _____	Time: _____	Time: _____

Doctor's Signature _____

Date _____