

Dental Laboratory Work Authorization Official Wisconsin Form

Date _____



- Waunakee: 800-236-3859
 Baraboo: 800-362-3340
 Mondovi: 800-591-7964
 Greenfield: 414-546-3040



Infection Control Information:

- Impression Material**
 PVS
 Polyether
 Alginate
 Other
- Disinfected With**
 Phenol
 Chlorine
 Iodophor
 Other

Please Send:

- Rx Forms
 Mailing Labels
 Boxes
 UPS Labels
 FedEx Ground Labels
 Speedee Labels

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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:**
 Porcelain _____
 IPN _____
 Economy _____
 Plastic Teeth
- Posterior: Shade and Molds:**
 Porcelain _____
 IPN _____
 Economy _____
 Plastic Teeth

- Partial Denture:**
 Vitallium®
 D-Flex™ Flexible Partial

Materials:
Acrylic Specifications:

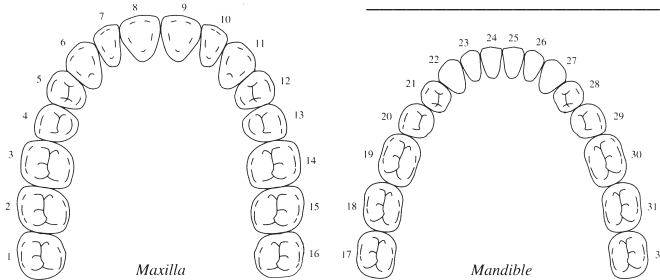
LAB USE ONLY

Included with case:

Impression _____ Implant Components _____
 Opposing _____ Old Crown _____
 Bite _____ Shade Tab _____
 Impression Coping _____ Other _____
 Models _____

- Please call regarding this case. Telephone Number: _____
 Time to call preference: _____
 Please email: _____

Instructions:



Fixed Prosthodontics

- Porcelain Cov'g Posterior:**
 Full Porc. L Band L Band F Collar Full Metal L Full Metal L F Collar
- Porcelain Cov'g Anterior:**
 Full Porc. L Band Metal L
- Pontic Design:**
 Full Ridge Partial Ridge No Ridge Point Contact No Contact



Shade: **Finish:** **Try-in:**

I have attached photos in a separate email to photos@dnsdental.com

- Ridge Relief:**
 None Medium Slight Heavy

- Substructure:**
 Lava™
 Lava™ Esthetic Monolithic
 Imagine™
 ZR Plus™
 ZR™
 ZR-V™
- ZR Plus™ w/ Micro Layering
 e.Max®
 Empress™
 Cast Hi Noble
 Cast Noble
 Cast Base

- If Minimal Occlusal Clearance:**
 Metal/Zirconia occlusal
 Reduce opposing tooth

- Contacts:**
 Open
 Closed
- Porcelain Glazing:**
 High
 Regular
 Low

Date/Time To Be Returned:

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

 Doctor's Signature / Authorized Signature Date
Only if signed, construct & deliver the herein described dental restoration.