

Dental Laboratory Work Authorization

Official Wisconsin and Illinois Form

Date _____



- | | | |
|--|--|--|
| <input type="checkbox"/> Waunakee:
800-236-3859 | <input type="checkbox"/> Baraboo:
800-362-3340 | <input type="checkbox"/> Rockford:
800-747-4668 |
| <input type="checkbox"/> Eau Claire:
800-591-7964 | <input type="checkbox"/> Greenfield:
414-546-3040 | |

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: |
| <input type="checkbox"/> Porcelain _____ | <input type="checkbox"/> Porcelain _____ |
| <input type="checkbox"/> IPN _____ | <input type="checkbox"/> IPN _____ |
| <input type="checkbox"/> Economy _____
Plastic Teeth | <input type="checkbox"/> Economy _____
Plastic Teeth |

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

Materials:
Acrylic Specifications:

Infection Control Information:

- | | |
|------------------------------------|-----------------------------------|
| Impression Material | Disinfected With |
| <input type="checkbox"/> PVS | <input type="checkbox"/> Phenol |
| <input type="checkbox"/> Polyether | <input type="checkbox"/> Chlorine |
| <input type="checkbox"/> Alginate | <input type="checkbox"/> Iodophor |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

- Please Send:**
- Rx Forms
 - Mailing Labels
 - Boxes
 - UPS Labels
 - FedEx Ground Labels
 - Speedee Labels

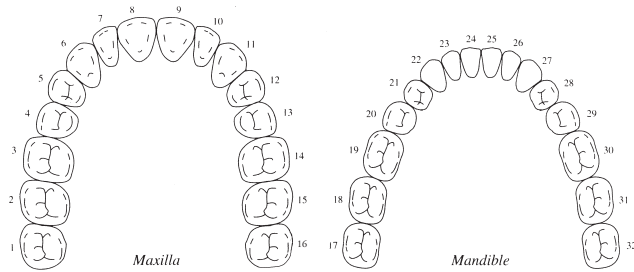
LAB USE ONLY

Included with case:

<input type="checkbox"/> Impression _____	<input type="checkbox"/> Implant Components _____
<input type="checkbox"/> Opposing _____	<input type="checkbox"/> Old Crown _____
<input type="checkbox"/> Bite _____	<input type="checkbox"/> Shade Tab _____
<input type="checkbox"/> Impression Coping _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Models _____	

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

Instructions:



Fixed Prosthodontics

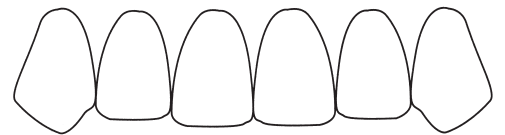
- | | | | | | |
|-----------------------------------|-------------------------------------|--|--|--|--|
| Porcelain Cov'g Posterior: | <input type="checkbox"/> Full Porc. | <input type="checkbox"/> L Band | <input type="checkbox"/> L Band F Collar | <input type="checkbox"/> Full Metal L | <input type="checkbox"/> Full Metal L F Collar |
| Porcelain Cov'g Anterior: | <input type="checkbox"/> Full Porc. | <input type="checkbox"/> L Band | <input type="checkbox"/> Metal L | | |
| Pontic Design: | <input type="checkbox"/> Full Ridge | <input type="checkbox"/> Partial Ridge | <input type="checkbox"/> No Ridge | <input type="checkbox"/> Point Contact | <input type="checkbox"/> No Contact |

- Ridge Relief:**
- None Medium Slight Heavy

- Substructure:**
- | | |
|--|---|
| <input type="checkbox"/> Lava™ | <input type="checkbox"/> ZR Plus™ w/ Micro Layering |
| <input type="checkbox"/> Lava™ Esthetic Monolithic | <input type="checkbox"/> e.Max® |
| <input type="checkbox"/> Imagine™ | <input type="checkbox"/> Empress™ |
| <input type="checkbox"/> ZR Plus™ | <input type="checkbox"/> Cast Hi Noble |
| <input type="checkbox"/> ZR™ | <input type="checkbox"/> Cast Noble |
| <input type="checkbox"/> ZR-V™ | <input type="checkbox"/> Cast Base |

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

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



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

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

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.

(225 ILCS 25/48)(from Ch. 111, par. 2348)

(Section scheduled to be repealed on January 1, 2016)

Sec. 48. Manufacture of dentures, bridges or replacements for dentists; prescriptions; order; penalties.

- (a) Any dentist who employs or engages the services of any dental laboratory to construct or repair, extraorally, prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth, or who directs a dental laboratory to participate in shade selection for a prosthetic appliance, shall furnish such dental laboratory with a written prescription on forms prescribed by the Department which shall contain:
- (1) The name and address of the dental laboratory to which the prescription is directed.
 - (2) The patient's name or identification number. If a number is used, the patient's name shall be written upon the duplicate copy of the prescription retained by the dentist.
 - (3) The date on which the prescription was written.
 - (4) A description of the work to be done, including diagrams if necessary.
 - (5) A specification of the type and quality of materials to be used.
 - (6) The signature of the dentist and the number of his or her license to practice dentistry.
- (b) The dental laboratory receiving a prescription from a dentist shall retain the original prescription and the dentist shall retain a duplicate copy thereof for inspection at any reasonable time by the Department or its duly authorized agents, for a period of 3 years in both cases.
- (c) If the dental laboratory receiving a written prescription from a dentist engages another dental laboratory (hereinafter referred to as "subcontractor") to perform some of the services relative to such prescription, it shall furnish a written order with respect thereto on forms prescribed by the Department which shall contain:
- (1) The name and address of the subcontractor.
 - (2) A number identifying the order with the original prescription, which number shall be endorsed on the prescription received from the dentist.
 - (3) The date on which the order was written.
 - (4) A description of the work to be done by the subcontractor, including diagrams if necessary.
 - (5) A specification of the type and quality of materials to be used.
 - (6) The signature of an agent of the dental laboratory issuing the order. The subcontractor shall retain the order and the issuer thereof shall retain a duplicate copy, attached to the prescription received from the dentist, for inspection by the Department or its duly authorized agents, for a period of 3 years in both cases.
 - (7) A copy of the order to the subcontractor shall be furnished to the dentist.
- (c-5) Regardless of whether the dental laboratory manufactures the dental appliance or has it manufactured by a subcontractor, the laboratory shall provide to the prescribing dentist the (i) location where the work was done and (ii) source and original location where the materials were obtained.
- (d) Any dentist who:
- (1) employs or engages the services of any dental laboratory to construct or repair, extraorally, prosthetic dentures, bridges, or other dental appliances without first providing such dental laboratory with a written prescription;
 - (2) fails to retain a duplicate copy of the prescription for 3 years; or
 - (3) refuses to allow the Department or its duly authorized agents to inspect his or her files of prescriptions;
- is guilty of a Class A misdemeanor and the Department may revoke or suspend his or her license therefor.
- (e) Any dental laboratory which:
- (1) furnishes such services to any dentist without first obtaining a written prescription therefor from such dentist;
 - (2) acting as a subcontractor as described in (c) above, furnishes such services to any dental laboratory without first obtaining a written order from such dental laboratory;
 - (3) fails to retain the original prescription or order, as the case may be, for 3 years;
 - (4) refuses to allow the Department or its duly authorized agents to inspect its files of prescriptions or orders; or
 - (5) fails to provide any information required under this Section to the prescribing dentist;
- is guilty of a Class A misdemeanor.

(Source: P.A. 94-1014, eff. 7-7-06.)