

**Dental Laboratory Work Authorization**  
Official Wisconsin Form



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



Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

License Number and State \_\_\_\_\_

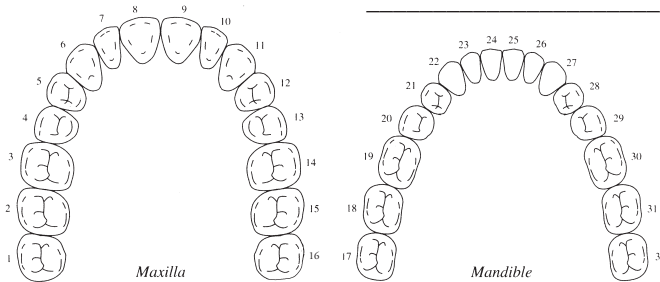
Patient Name or Identification Number \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

**Removable Prosthodontics:**

- Anterior:** Shade and Molds:  Porcelain \_\_\_\_\_  
 IPN \_\_\_\_\_  
 Economy \_\_\_\_\_  
 Plastic Teeth
- Posterior:** Shade and Molds:  Porcelain \_\_\_\_\_  
 IPN \_\_\_\_\_  
 Economy \_\_\_\_\_  
 Plastic Teeth

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

**Materials:**  
 Acrylic Specifications: \_\_\_\_\_



**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

- 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

**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

**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: \_\_\_\_\_

**Instructions:**



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.*