

### Dental Laboratory Work Authorization

1109 7th Street SE  
St. Cloud, MN 56304

800-247-0362  
320-253-4825

**Please send:**

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

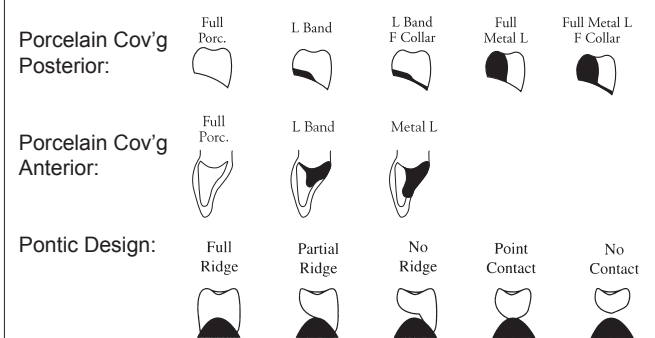
Doctor's Name	Telephone Number
Street Address	City/State/Zip
Patient Name or Identification Number	Age      Sex
Date Sent	Tooth #

**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 _____	<input type="checkbox"/> Date Received _____

### Fixed Prosthodontics

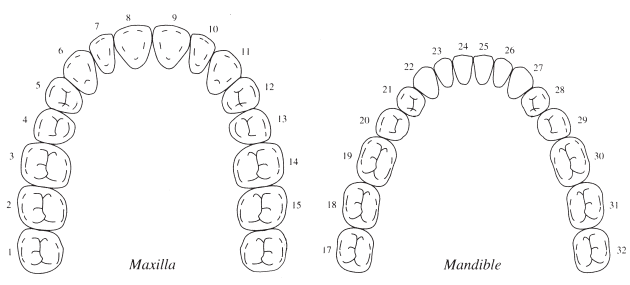


- Ridge Relief:**  
 None     Medium     Slight     Heavy
- Restoration Type:**
- |  |   |
|--|---|
| <input type="checkbox"/> Basic ZR™     | <input type="checkbox"/> PFM                  |
| <input type="checkbox"/> Advanced ZR™  | <input type="checkbox"/> HN – White/Yellow    |
| <input type="checkbox"/> Elite ZR™     | <input type="checkbox"/> Noble                |
| <input type="checkbox"/> Lava Esthetic | <input type="checkbox"/> Base                 |
| <input type="checkbox"/> Micro ZR™     | <input type="checkbox"/> FCC                  |
| <input type="checkbox"/> Apex PFZ      | <input type="checkbox"/> HN – White/Yellow    |
| <input type="checkbox"/> Lava™         | <input type="checkbox"/> Noble – White/Yellow |
| <input type="checkbox"/> Celtra        | <input type="checkbox"/> Base                 |
| <input type="checkbox"/> e.max/LIS®    |   |
- If Minimal Occlusal Clearance:**
- Metal/ZR Occlusal
  - Reduce Opposing Tooth
  - Reduce Prep
  - Reduction Coping
- Contacts:**
- Open
  - Closed
- Glazing:**
- High
  - Regular
  - Low
  - Polish Only

### Removable Prosthodontics

- Preferred Tooth:**
- Economy
  - Mid
  - Premium
- Partial Denture:**
- Metal Frame
  - A-Flex™ Flexible Partial
  - Treatment Partial
    - w/Wires
  - Duracetal
  - Space Maintainer
- Genisys Digital Denture**
- Add AED
  - Denture
  - Bite Rims
  - Custom Tray
  - Dual Comfort
  - Mouthguard
  - Anti-Snore Appliance
  - Processed Night Guard/Splint
  - Repair/Reline/Rebase
  - Other - Specify Below
- Try-In  
 To Completion

### Design Case



### Implants

Brand \_\_\_\_\_ Size \_\_\_\_\_

**Abutment Material:**

- Titanium
- Gold Shaded Titanium
- Zirconia

**Abutment Type:**

- Apex Patient Specific
- Apex Retrievable
- Atlantis
- A-Zir Bridge
- Manufacturer Specific
- Insertion Guide
- Surgical Guide
- Other

### Characterization

Send study models & email digital photos for anterior work

**Shade:**

**Finish:**

**Try-in:**

Please call regarding this case.

### Instructions

Please call regarding this case     Return for Dr. Die Trim

### Next Appointment

Date \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Multiple unit cases require more time. Call for scheduling needs.

\_\_\_\_\_  
Doctor's signature/authorized signature      Date

\_\_\_\_\_  
License #      State

Terms: Net 30 with a service charge of 1.5% per month on charges over 30 days after statement date. Only if signed, construct and deliver the herein described dental restoration. Client shall be responsible for all fees, costs, charges, and expenses expended or incurred in any suit or action for collection of past due amounts or enforcement of provisions of this Agreement.

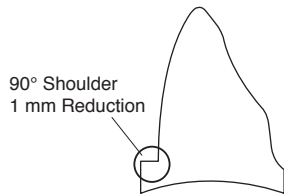
## Questions, Please call 800-247-0362

### Restoration Checklist and Helpful Suggestions for Optimum Restorations

- Send a bite registration with any cases involving the terminal tooth of the arch or where there is no posterior stop.
- Send a pre-op study model with all anterior cases when possible
- Check for adjacent teeth for proper contact areas, and adjust if necessary.
- Use a single, full arch tray for cases with 3 units or more.
- Take a shade before prepping teeth
- Securely wrap impressions and models, and enclose any restorations in a small box

## PREPARATION GUIDELINES

### STANDARD PORCELAIN LABIAL MARGIN PREPARATION



### ALL-CERAMIC/COMPOSITE PREPARATIONS

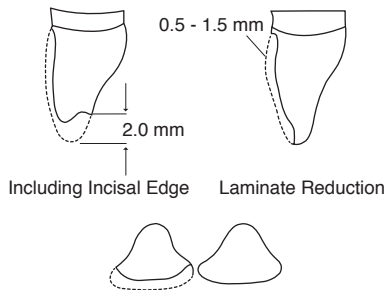
BUCCAL  
LINGUAL  
INTERPROXIMAL } 1.0 - 1.5 mm  
INCISAL 1.5 - 2.0 mm



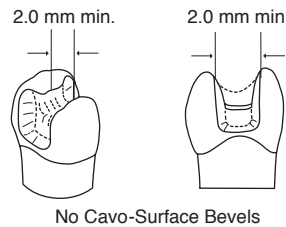
LABIAL  
LINGUAL  
INTERPROXIMAL } 1.0 - 1.5 mm  
OCCLUSAL 1.5 - 2.0 mm



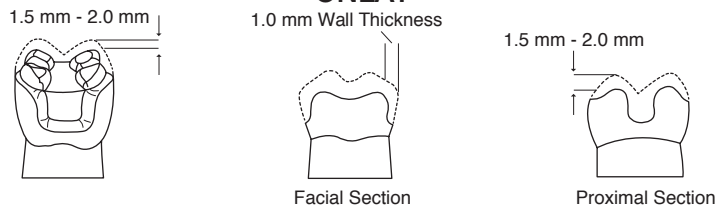
### VENEER PREPARATION



### INLAY



### ONLAY



SECTION 5b of the Illinois Dental Practice Act requires a licensed dentist who employs or engages services of person, firm or corporation to construct or repair prosthetic appliances, to furnish a written work order on form approved by Illinois Department of Registration and Education which shall contain:

- (1) Name and address of person, firm or corporation to which work order is directed.
- (2) Patient's name or identification number, and if number is used, patient's name must be written upon duplicate copy retained by dentist.
- (3) Date on which work order was written.
- (4) Description of work to be done, including diagrams if necessary.
- (5) Specification of type and quality of materials to be used.
- (6) Signature of dentist and number of his license.

Dentist and laboratory must retain their respective copies of work order for three (3) years for inspection at any reasonable time by the Department of Registration and Education or its duly authorized agents.

Failure of dentist to comply in any given case is a misdemeanor, and license may be revoked or suspended. Failure of laboratory to comply is a misdemeanor.

SECTION 5b (3) of the Illinois Dental Practice Act provides: "If a person, firm or corporation receiving a written order from a licensed dentist engages another person, firm or corporation (hereinafter referred to as 'sub-contractor') to perform some of the services relative to such work order, he or it shall furnish a written sub-work order with respect thereof on forms prescribed by the Department of Registration and Education which shall contain:

- (a) The name and address of the sub-contractor.
- (b) A number identifying the original work order, which number shall be endorsed on the work order received from the licensed dentist.
- (c) The date on which the sub-work order was written.
- (d) A description of the work to be done by the subcontractor, including diagrams, if necessary.
- (e) A specification of the type and quality of materials to be used.
- (f) The signature of the person, firm or corporation issuing the sub-work order.

"The sub-contractor shall retain the sub-work order and the issuer thereof shall retain a duplicate copy, attached to the work order received from the licensed dentist, for inspection by the Department of Registration and Education or its duly authorized agents, for a period of 3 years in both cases." Failure of laboratories to comply is a misdemeanor.