

WORK AUTHORIZATION FORM

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Dr. _____

Address _____ City _____

Date Wanted _____ Time _____ AM PM

Please do not count Saturdays, Sundays, holidays, or days in transit as work days.

Patient's Name _____ Sex _____ Age _____ **SUPPLIES REQUIRED**

Shade _____ Make or Mold _____ Plastic Porcelain Boxes Order Forms Pre-Paid Mailing Labels

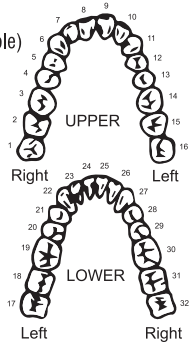
DENTURE DEPT.	CROWN & BRIDGE and CERAMICS
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- Soft Gasket Partial
- Repair
- Try-in
- Bite Block
- Custom Tray
- Acrylic Bruxism Splint
- Upper
- Lower

- Standard
- Premium
- Finish

- Porcelain Fused to Metal** White (High Noble)
- Metal Type: Non-Precious (Base) Yellow (High Noble)
- Facial Margin: Metal Band Porc. Butt Margin Porc. over Metal

- All Metal**
- Non-Precious (Base) Yellow (High Noble)
 - Non-Prec. Yellow (Base)
 - Yellow (Noble) Economy
 - Post Core (Separate)
 - Post Crown



PARTIAL DEPT.

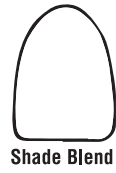
- VITALLIUM REMOVABLE
- Framework only
 - Equipoise
 - Backings

- Special Restorations:**
- E Max
 - Empress
 - Captek
 - Sinfony/Composite
 - Zirconia

- Occl. Staining**
- No Light
 - Medium Heavy
- Anatomy**
- Match adjacent
 - Primary only

- Metal Coping with Full Porcelain Coverage
- Metal Coping Porcelain Coverage with Lingual Collar
- Metal Occlusal Excluding Buccal Cusp
- Metal Occlusal Including Buccal Cusp

- Pontic Design**
- | | | | | |
|------------|---------------|----------|---------------|------------|
| Full Ridge | Partial Ridge | No Ridge | Point Contact | No Contact |
| | | | | |



License Number _____ Date _____ More Instructions on Reverse Side

Personal Signature of Dentist _____

For billing questions, please call our office.