



WORK ORDER FORM

Step One: Doctor Info

Today's Date Doctor

Address

City State Zip Code

****Removable****

LAB USE ONLY:

Date Received: _____

Step Two: Patient Info

Patient Name

E-Mail

Dr. Models: _____

Male Female Age

Step Four: Return Date

Requested Return Date Appointment Time

Lab Models: _____

Pan #: _____

Step Three: Case Info

Upper Try-In Dr. Evaluation
 Lower Finish Repair

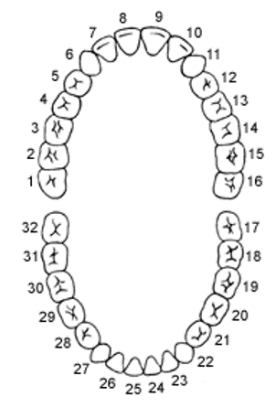
Shade Mould

Case Instructicons:

Acrylic Color:

- Pink Veined (Normal)
- Light Pink
- Reddish Pink
- Ethnic (Normal)
- Ethnic Light
- Ethnic Dark

Design Case Here:



Step Five: Product Selection (Selection Below Will Determine Fee)

Cad/Cam

- PALA Digital Denture
- Chrome Cobalt Laser Sintered Partial
- Surgical Guide

Bite Registration

- Custom Impression Tray
- Baseplate With Biteblock

Denture

- Premium
- Generic
- Immediate

Overdenture

- MDI
- Locator
- Bar

Acrylic Partial

- Premium
- Generic (2 Clasps)
- Flipper (Up to 4 teeth)

Cast Partial

- Premium
- Generic
- Flipper

TCS Flexible Partial

- Premium
- Generic
- Nesbit
- Flipper
- Clear Frame

Nightguard/Ortho

- Clear Acrylic Nightguard
- Soft Nightguard
- Hawley Retainer
- Comfort H/S Nightguard
- Suck Down Retainer
- EMA First Step

Repair

- Add/ReAttach Tooth/Teeth
- Fracture
- Add Clasp
- Reline
- Soft Reline
- Transfer Denture Base

Other products are always available

Extras

- Fiber Mesh
- Suction Cup Liner
- Clear Denture

Step Six: Validate

Please Send The Following: Rx Forms Boxes Mailing Labels

Signature: _____ License#: _____