Work Authorization Form

State Registration # 02574

AdVantage DENTAL LABORATORY

1702 N. Collins Blvd. Suite 260, Richardson, TX 75080

972-707-8040

info@advdp.com

Doctor's Name _____ Date _____ Return Date _____ DESIRED SHADE _____

Patient's Name _____ Pt's Age _____ ☐ Male ☐ Female STUMP SHADE _____

Enclosed with Case

☐ IMPRESSIONS ☐ BITE REGISTRATION ☐ FACEBOW

☐ OPPOSING MODEL ☐ PHOTOS /DISKS/SLIDES ☐ DIAGNOSTIC WAX-UP

☐ ARTICULATOR ☐ PROVISIONAL MODEL ☐ OLD RESTORATIONS

☐ DOCTOR DIE TRIM

☐ FRAME TRY-IN

☐ BISQUE BAKE

☐ PLEASE CALL

Buccal Margin

☐ METAL BAND

☐ VENEER

☐ PORC. BUTT

☐ 360 DEGREE

Occlusal / Lingual

☐ FULL METAL

☐ 3/4 METAL

☐ METAL ISLAND

☐ REDUCTION COPING

☐ REDUCE OPPOSING

Occlusal Stain

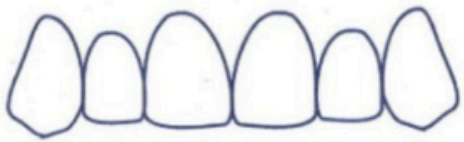
☐ None ☐ Medium

☐ Light ☐ Dark

Tooth Numbers:

Use ○ For Full Cast X For Porcelain Bracket Splints

1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17



Pontic Design

☐ Sanitary ☐ Ridge Lap ☐ Modified Ridge Lap ☐ Bullet

Surface Texture

☐ Smooth

☐ Medium

☐ Heavy

☐ Match Adjacent Teeth

☐ E.MAX _____ ☐ Zir Press _____

☐ FELDESPATHIC _____

☐ FULL ZIRCONIA _____

☐ ZIRCONIA LAYERED _____

☐ CUSTOM ABUTMENTS _____

☐ ALL ON 4 _____

☐ PORC. TO METAL _____

☐ Hi Noble White ☐ Noble

☐ Hi Noble Gold ☐ NP

☐ FULL GOLD _____

☐ Hi Noble White ☐ Noble White ☐ NP

☐ Hi Noble Gold ☐ Noble Gold

☐ DIAGNOSTIC WAX UP _____

☐ PROVISIONALS _____

☐ PMMA

☐ Acrylic

Doctor's Signature _____ License # _____