

WORK AUTHORIZATION FORM

4777 Alex Boulevard • Springfield, IL 62711
 217-793-2735 • 800-657-1404
 Fax: 217-793-3195 • www.oratechlabs.com



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**

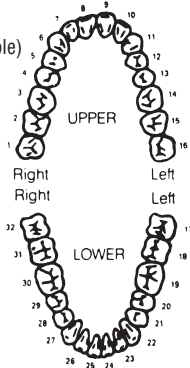
Shade _____ Make or Mold _____ Plastic Porcelain Boxes Order Forms Pre-Paid Mailing Labels

DENTURE DEPT.	CROWN & BRIDGE and CERAMICS
---------------	-----------------------------

- Soft Gasket Partial
- Repair
- Try-in
- Bite Block
- Custom Tray
- Acrylic Bruxism Splint
- Upper
- Lower

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

Full Cast/All Metal
 Non-Precious (Base) Yellow (High Noble)
 Non-Prec. Yellow (Base) W.H.N.
 Yellow (Noble) Economy
 Post Core (Separate)
 Post Crown

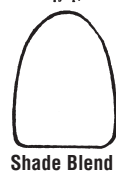
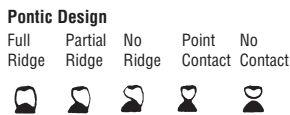


PARTIAL DEPT.
VITALLIUM REMOVABLE
 Framework only
 Equipoise
 Backings

Special Restorations:
 E Max
 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



License Number _____ Date _____ More Instructions on Reverse Side

Personal Signature of Dentist _____

For billing questions, please call our office.

