

Dental Laboratory Work Authorization

From: _____
 Dr. _____ Phone _____

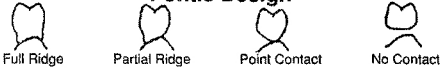
Address _____

Patient _____

Age _____ Sex _____ Personality: Vigorous Med Delicate

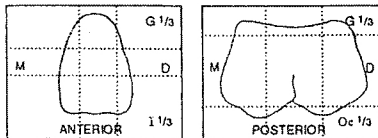
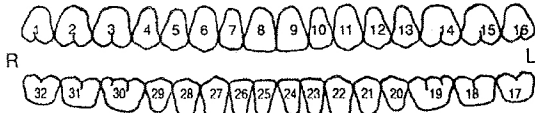
- Full Cast All Ceramic
- Noble Porcelain Fused to ZR (PFZ) Cube X2
- High Noble Full Contour Zirconia (FCZ) HT+
- Argon Z High Strength

Pontic Design



Ridge Relief Contacts Porcelain Glaze

- None Slight Open High Reg Low
- Med Heavy Closed



PERFECT FIT

DENTAL STUDIO, LLC

1344 CRESTON PARK DRIVE STE. 3

JANESVILLE WI, 53545

608.921.9276

Today's date _____

License no. & state _____

Signature _____

Date to be returned _____ Appointment _____