# LABORATORY PROCEDURE AUTHORIZATION

TO: **Winter Springs Dental Lab**
620 W. State Rd. 434, Suite 5
Winter Springs, FL 32708
800-952-5423 • 407-327-2138 • www.wsdentallab.com

| DATE SENT: | DUE DATE: |
|---|---|
| | |

FROM:

STREET:

CITY: ZIP:

PATIENT'S NAME

**ENCLOSED:**

- ❑ Impression
- ❑ Study Model
- ❑ Opposing
- ❑ Implant Parts
- ❑ Bite Registration
- ❑ Other_____

**Instructions:**

- ❑ Dr. Trim Die
- ❑ Diagnostic Wax-Up
- ❑ Metal Try-In
- ❑ Bisque Try-In
- ❑ Rest #_____type_____
- ❑ Porcelain Margin #_____
- ❑ Metal Margin #_____
- ❑ Metal Lingual #_____
- ❑ Metal Occlusion #_____
- ❑ Implant type/size #_____

**All Porcelain**

- ❑ IPS Empress Crown
- ❑ IPS E.max Crown
- ❑ IPS E.max to Zirconia

**If No Occlusal Clearance**

- ❑ Trim Opposing
- ❑ Reduce Prep
- ❑ Metal Occlusal
- ❑ Call Dr.

**Porcelain Fused to:**

- ❑ Non Precious
- ❑ Semi Precious
- ❑ High Noble White
- ❑ High Noble Yellow
- ❑ Jel-Bios

**Full Cast**

- ❑ High Noble Yellow
- ❑ High Noble White
- ❑ Noble Yellow
- ❑ Noble White

℞

SHADE_____

STUMP
SHADE_____

❑ Remake, tooth number_____ Reason:_____

Every individual prescription form must be signed by the prescribing Dentist. By signing below you agree to the terms and conditions of Winter Springs Dental Lab.

| DENTIST'S SIGNATURE | LICENSE NO. |
|---|---|
| | |