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
- ❑ BRUXIR

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

Full Cast

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

Rx

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.