



**Pacific Northwest**  
**PROSTHODONTIC**  
L A B O R A T O R Y

1811 130th Avenue NE, Ste 106 | Bellevue, WA 98005 | 425.698.1440 tel | 425.455.5036 fax | [www.pnwproslab.com](http://www.pnwproslab.com)

**DENTAL WORK AUTHORIZATION**

DATE \_\_\_\_\_ DELIVER DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM DR. \_\_\_\_\_

PATIENT \_\_\_\_\_ AGE \_\_\_\_\_ M/F DR. TEL. \_\_\_\_\_

DENTURES  PARTIAL DENTURE FRAME (please design below)

TRAY  OCCLUSAL RIMS  TRY-IN  FINISH

SHADE \_\_\_\_\_ MOLD \_\_\_\_\_ BRAND \_\_\_\_\_

**CROWN & BRIDGE**  ZIRCONIA  E. MAX  PFM  FULL METAL

**ESTHETIC BUILD**  MONOLITHIC/FULL CONTOUR  LAYERED CONTOUR

**SHADE** STUMPF \_\_\_\_\_ CERVICAL \_\_\_\_\_ MID \_\_\_\_\_ INCISAL \_\_\_\_\_

**IMPLANT SYSTEM** \_\_\_\_\_ **PLATFORM/SIZE** \_\_\_\_\_

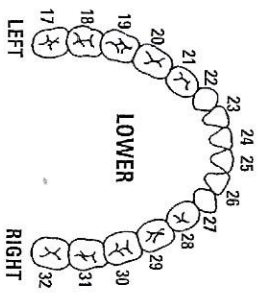
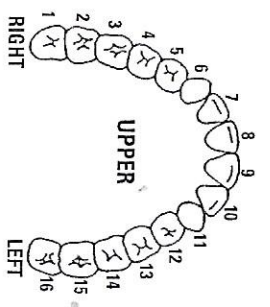
**ABUTMENT STYLE**

AUTHENTIC PARTS  ATLANTIS  ARGEN  OTHER \_\_\_\_\_

SCREW RETAINED \_\_\_\_\_  CEMENT RETAINED \_\_\_\_\_

*All implant parts are 510(k) compliant. If no selection is made, authentic parts will be used.*

Rx



DR. SIGNATURE \_\_\_\_\_  
DR. LICENSE # \_\_\_\_\_



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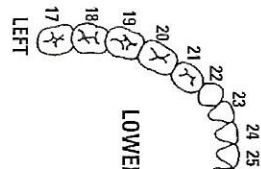
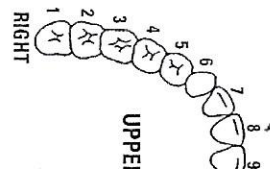
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