



Pacific Northwest PROSTHODONTIC LABORATORY

1800 116th Avenue NE, Ste 203 | Bellevue, WA 98004 | 425.698.1440 tel | 425.455.5036 fax
www.pnwproslab.com

DENTAL WORK AUTHORIZATION

DATE _____

DOCTOR _____

PATIENT _____ AGE _____

DATE & TIME WANTED _____

DENTURES

- TRAY OCCLUSAL RIMS TRY-IN
- FINISH PARTIAL DENTURE FRAME (please design below)
- SHADE _____ MOLD _____ BRAND _____

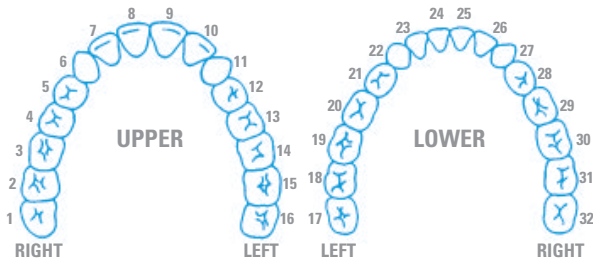
Rx

IMPLANT BRAND _____

ABUTMENT TYPE _____

PROSTHESIS DESIGN _____

ADDITIONAL INSTRUCTIONS ON REVERSE



DOCTOR'S SIGNATURE _____

LICENSE NUMBER _____

ADDRESS _____

PHONE NUMBER _____