

DORSEY DENTAL LAB, INC.

210 N. 13th St. Rogers, AR 72756 479-621-8885

Patient _____ Male ___ Female ___ Age ___

DUE DATE _____ by 5:00pm

(Should be at least one day before the patient's appointment)

Doctor _____ license # _____

Address _____

Phone _____ email _____

CROWN AND BRIDGE

Tooth # _____ Shade _____

Material: _____ NanoCeramic Printed Crown

_____ Full Contour Zirconia _____ Full Contour e.Max _____ Crystal Ultra

_____ Layered Zirconia _____ Layered e.Max _____ PFM

_____ Full Metal Crown _____ Other _____

Type of Metal

_____ non-precious _____ semi-precious _____ white gold _____ yellow gold _____ 24kt gold

GUIDED SURGERY

Implant System _____ Proposed Implant Site _____

DENTURE /PARTIAL

Type of Prosthesis _____ Material _____

Work Authorization Order

Dentists Signature _____ Date _____

Notes: (please attach additional pages if necessary)