

LAB USE:
 Write Note
 Note # _____
 Send Teeth
 Called Dr.
 Economy
 Temporary

SPECIAL INSTRUCTIONS:

PLEASE SEND:

RX FORMS	MAILING LABELS	BOXES
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	<p>WORNSON-POLZIN DENTAL LABORATORY INC. PHONE (507) 625-5079 FAX (507) 625-5080 (800) 950-5079 Email: wpdental@wpdentallab.com Website: www.wpdentallab.com PO Box 612 • Mankato, MN 56002-0612</p>
	<p>FROM _____</p>

Pan # _____

- Return Doctor's
- Shade Tab
 - Articulator
 - Tray
 - Tracer
 - Study Model
 - _____

PLACE ADDITIONAL INSTRUCTIONS ON REVERSE SIDE

CHARACTERIZATION



FINAL SHADE

Value _____
 Hue _____

- Porcelain to Metal
- Metal Occlusion
- Porcelain Occlusion
- Metal Collar
- Porcelain Shoulder
- Porcelain Feathered to Margin
- Survey
- Captkek
- Zirconia Prep Shade _____
- Lava Prep Shade _____
- Full Cast Crown
- Implant Abutment
 - Zirconia Titanium
- E-Max
- Empress Prep Shade _____

Value _____
Hue _____

- Custom Shade Appt.
- Initial Shade
- cervical _____
- gingival _____
- body _____
- incisal _____

Metal:

- Premium (89) (PR)
- Standard (45) (KL)
- Economy Noble (80)
- Non-precious
- Metal Trial
- Bisque Trial
- Surveyed
- Splinted

Date Sent _____

Patient's Name _____ **Age** _____

Male Female Vigorous Delicate

APPT. DAY MON. TUES. WED. THUR. FRI. SAT.

Specify Date _____ Time _____

Trial Finish

FULL UPPER	Face Form	Anterior Arrangement
FULL LOWER	<input type="checkbox"/> Square	<input type="checkbox"/> Bold (vigorous rotation)
IMMEDIATE	<input type="checkbox"/> Square Tapering	<input type="checkbox"/> Moderate (slight rotation)
SURGICAL TRAY	<input type="checkbox"/> Tapering	<input type="checkbox"/> None (no rotation)
POST DAM	<input type="checkbox"/> Ovoid	
RELIEF	(Given name of manufacturer for materials and teeth)	
TEMPORARY	SHADE	
BLEACHING TRAY	MOULD	
TALON SPLINT	GUIDE	
PARTIAL UPPER	<input type="checkbox"/> PORCELAIN <input type="checkbox"/> IVOCLAR <input type="checkbox"/> PLASTIC	
PARTIAL LOWER	MATERIALS VITALLIUM PARTIALS	
VALPLAST	Acron HI-I	Upper
REPAIR	Ivocap	Lower
RELINE	Light Dark	Ethnic
REBASE		Cast Frame
TRACER		Acry. Saddles
BITE BLOCKS		Cast
CUSTOM TRAY		<input type="checkbox"/> All metal
ECB		<input type="checkbox"/> W/Plastic
		Econ. Cast Frame
		Wire Clasp

PROXIMAL CONTACTS:

- Open
- Closed

Occ. Shimstock # _____

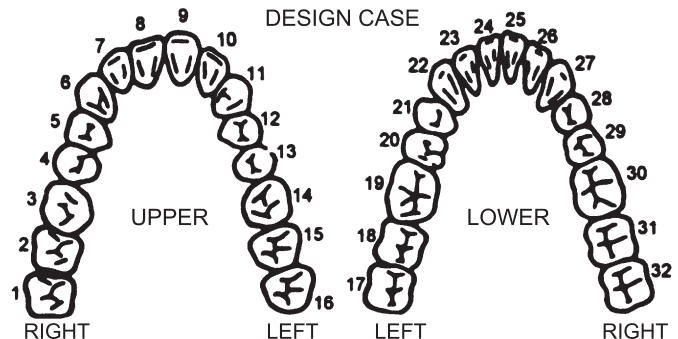
RIDGE RELIEF

- None
- Slight
- Med.
- Heavy

PONTIC DESIGN

- | | | | | |
|-------|---------|-------|---------|---------|
| Full | Partial | No | Point | No |
| Ridge | Ridge | Ridge | Contact | Contact |
- 

DESIGN CASE



Signature _____ D.D.S. License No. _____

I agree full remittance of charges incurred by this prescription is payable within ten days of receipt of statement and further agree to pay all costs incurred in collection should I default, including without limitation, reasonable attorney's fees and a monthly service charge of 1 1/2% of outstanding balance.

DOCTOR PLEASE RETAIN DUPLICATE COPY

WHITE - LAB

YELLOW - DENTIST