

LaPlant

DENTAL LABORATORY, INC.

www.laplantdental.com

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Oak Grove Professional Bldg. 1640 Main Street Green Bay, WI 54302

DENTAL LABORATORY WORK AUTHORIZATION OFFICIAL WISCONSIN FORM

INSTRUCTIONS: Use reverse side for additional instructions

TO: La Plant Dental Laboratory Date _____

FROM: Dr. _____ Tel No. _____

Address _____

License No. and State _____

FOR: _____

Patient Name or Identification Number _____

Give name of manufacturer for materials and teeth:

TEETH: Anterior: Porcelain _____ Plastic _____

Shade and Molds _____

Posterior: Porcelain _____ Plastic _____

Shade and Molds _____

METAL: Gold _____ Chrome Alloy _____

Others _____

BASE MATERIAL: _____

OTHER MATERIALS: _____

PREPARATION DESIGN

- BUTT SHOULDER
- BEVELED
- FEATHER EDGE

MARGIN DESIGN

- NO VISIBLE METAL
- SLIGHT METAL BAND
- PORCELAIN BUTT
- ____mm METAL BAND

PORCELAIN GLAZE

- LOW GLOSS
- MEDIUM GLOSS
- HIGH GLOSS

PONTIC RIDGE RELIEF

- NONE
- NORMAL
- HEAVY

CONTACTS

- CLOSED
- OPEN
- ____mm SPACE

PORCELAIN DESIGN

- FULL COVERAGE
- METAL LINGUAL
- METAL OCCLUSAL
- SPECIAL INSTRUCTIONS

PONTIC DESIGN

FULL RIDGE



PARTIAL RIDGE



POINT CONTACT



NO CONTACT



HYGENIC RIDGE LAP



Signature _____

DATE TO BE RETURNED _____