

IMPLANT:
 Single Tooth
 Multi Unit
 Fixed Over Denture

ORTHO:
 Bite Opener Distal Shoes
 Archwire Retainer Splints - hard & soft
 Space Regainer Pro-Form Mouthguards
 Retainers
 Unilateral Space Maintainer
 Bilateral Space Maintainer

SLEEP APPLIANCE:
 TAP®
 Oasys™

DENTAL LABORATORY WORK AUTHORIZATION

OFFICIAL WISCONSIN FORM

TO: EC Chmel, Inc. DATE _____

FROM: DR. _____ Tel. No. _____

Address _____

City _____ State _____ Zip _____

MALE FEMALE AGE _____

TRIAL FINISH

First Name _____ Last Name _____

DENTURE

CASE TYPE: F/ /F P/ /P
 Procedure: Custom Tray Set-up/try-in Reline
 Bite Rims Finish Rebase
 Frame Split Cast Trays Repair

METAL: **Thermoplastic Metal Free Partial:**
 Wironium Valplast
 Vitallium TCS
 Vitallium 2000 Treatment Partial

TEETH TYPE: Premium Special Order
 Plastic Mid
 Porcelain Economy

SHADE: Ant _____ Post _____
MOLD: Ant _____ Post _____

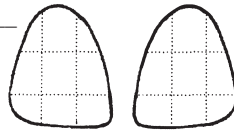
BRIDGE

ALLOY SELECTION:
 Ceramics: High Noble Noble Non-Precious
 Full Cast: High Noble Noble Non-Precious

SPECIALTY PRODUCTS:
 Maryland Captek
 Procera Empress
 Goldtech Bio 2000 Lava

SHADE INSTRUCTIONS:

Gingival _____
 Body _____
 Incisal _____
GLAZE:
 Low
 Medium
 High



FACIAL CHARACTERISTICS:

Square Tapering Square
 Tapering Ovoid

Send Boxes & Labels

Send Rx Pad

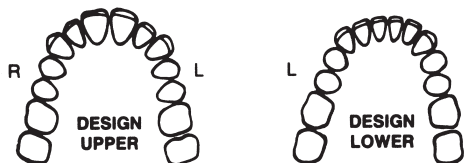
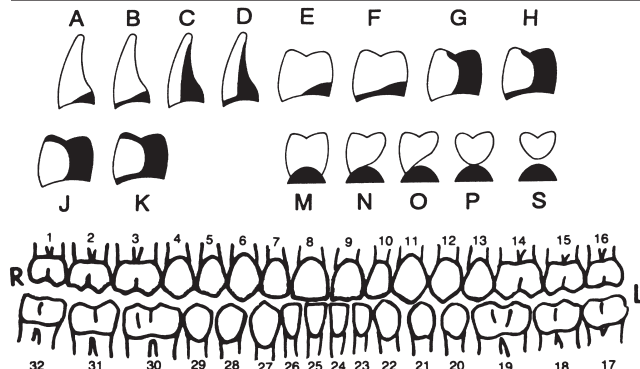
Please call regarding this case.

Was impression disinfected? YES NO

Signature _____

License # _____

Date Needed _____ Time _____



Office Use Only

Sent along w/case

Models _____ Bite _____
 Artic _____ Shade Guide _____
 Trays _____ Picture _____
 Imp _____ Tracer _____
 Container _____ Hanau Ring _____
 Other _____

Acrylic/Resin

Lot # _____

Teeth

Lot # _____

Alloy

Lot # _____

SEND THE CHECKED ITEMS

- | | | | | |
|------------------------------------|---------------------------------------|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bill | <input type="checkbox"/> Upper Model | <input type="checkbox"/> Articulator | <input type="checkbox"/> Denture | <input type="checkbox"/> Letter |
| <input type="checkbox"/> N.C. | <input type="checkbox"/> Lower Model | <input type="checkbox"/> Artic. Rings | <input type="checkbox"/> Partial | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Hold Pan | <input type="checkbox"/> Study Models | <input type="checkbox"/> Dr. Artic Box | <input type="checkbox"/> Bridge | <input type="checkbox"/> Shade Guide |
| <input type="checkbox"/> Special | <input type="checkbox"/> Upper Try-in | <input type="checkbox"/> Baseplates | <input type="checkbox"/> Appliance | <input type="checkbox"/> Envelope |
| Instructions | <input type="checkbox"/> Lower Try-in | <input type="checkbox"/> Bite Rim | <input type="checkbox"/> Trays | <input type="checkbox"/> Cleaner |
| <input type="checkbox"/> Container | | <input type="checkbox"/> Tracer | | |

- | | | | |
|------------------------------------|------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> 1st Class | <input type="checkbox"/> C.O.D. | <input type="checkbox"/> 9:15 |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> UPS | <input type="checkbox"/> Dr. pick up | <input type="checkbox"/> 1:15 |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Dunham | <input type="checkbox"/> Chippewa | <input type="checkbox"/> 2:00 |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Corporate | <input type="checkbox"/> To Patient | <input type="checkbox"/> 3:15 |
| <input type="checkbox"/> Friday | | (Bill Dr.) | |
| | | <input type="checkbox"/> Patient pick-up | |
| | | (Bill Dr.) | |