## DORSEY DENTAL LAB, INC.

1227 W. Walnut St., Rogers, AR 72756 479-621-8885 2013 W. Green Acres Road, Ste A, Fayetteville, AR 72703 479-621-8885 1960 E. Bay Drive, Largo, FL 33771 727-230-1860

| Patient                             |             |                      | Male         | Female_   | Age       |
|-------------------------------------|-------------|----------------------|--------------|-----------|-----------|
| DUE DATE                            |             |                      | by 5:00pm    |           |           |
| (Should be at                       | least one   | day before the patie | ent's appoir | ntment)   |           |
| Doctor                              |             | license #            |              |           |           |
| Address                             |             |                      |              |           |           |
| Phone                               |             |                      |              |           |           |
| CROWN AND BRIDGE                    |             |                      |              |           |           |
| Tooth #                             |             |                      |              |           |           |
| Material:                           |             |                      |              |           |           |
| Full Contour Zirconia               | Full        | Contour e.Max        | Crys         | tal Ultra |           |
| Layered Zirconia                    | Laye        | red e.Max            | PFM          |           |           |
| Full Metal Crown                    | Othe        | r                    |              |           |           |
| Type of Metal                       |             |                      |              |           |           |
| non-precioussemi-p                  | precious    | white gold _         | yellov       | w gold    | 24kt gold |
| GUIDED SURGERY                      |             |                      |              |           |           |
| Implant System                      |             | Proposed Implant S   | ite          |           |           |
| DENTURE /PARTIAL                    |             |                      |              |           |           |
| Type of Prosthesis                  |             | _Material            |              |           |           |
| Work Authorization Order            |             |                      |              |           |           |
| Dentists Signature                  |             |                      |              | Date      |           |
| Notes: (please attach additional pa | ages if neo | cessary)             |              |           |           |