



STEP 01 » Dr. / Patient Information

Surgical Dr. Name: (REQUIRED) Phone: Location: Bill to:

Restorative Dr. Name: (REQUIRED) Phone: Location: Bill to:

Patient: (REQUIRED) Male Female Shade: Mould: Tissue: *Light Medium Dark*

Upper Arch Lower Arch Double Arch

STEP 02 » PHASE 1 – Surgery

Study model Bite registration
 Wax occlusal rim Photo of face & smile
(do not use retractor)
VDO
Midline
Lip support

Implant system:

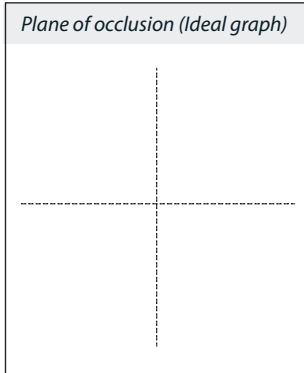
Parts:	QTY	SURG.	REST.	LAB
Impression copings				
Analog				
Cylinder				
Screw				

INSTRUCTIONS / NOTES:

STEP 03 » PHASE 2 – Restoration

Final impressions:
 Verification Jig
Upper Lower Double
 Open tray
 PMMA

Implant system:
 Screw retained (no bar)
Zirconia fixed bridge Characterized Individual crown
 Over dentures
Acrylic double Structure friction Over denture
 Screw retained (w/bar)
Implant supported Fixed hybrid prosthesis



STEP 04 » Try in

New bite reg if needed
Smile photos (face and smile)
Reset and finish
VDO
Midline
Buccal Corridor
Lip support

Dr's Signature (REQUIRED)

License# (REQUIRED)

Any incomplete sections/steps can result in the delaying of your case or reserving a chair-side technician.

The person signing this work authorization accepts sole responsibility for payment and agrees to pay all collection costs including attorney's fees. A 2% late charge will be added to all balances due over 30 days.

SECTION 5b of the Illinois Dental Practice Act requires a licensed dentist who employs or engages services of person, firm or corporation to construct or repair prosthetic appliance, to furnish a written work order on form approved by Illinois Department of Registration and Education which shall contain:

(1) name and address of person, firm or corporation to which work order is directed. (2) patient's name or identification number, and if number is used, patient's name must be written upon duplicate copy retained by dentist. (3) date on which work order was written. (4) description of work to be done, including diagrams if necessary. (5) specification of type and materials to be used. (6) signature of dentist and number of license.

Dentist and laboratory must retain their respective copies of work order for three (3) years for inspection at any reasonable time by the Department of Registration and Education or its duty authorized agents.

Failure of dentist to comply in any given case is a misdemeanor, and license may be revoked or suspended. Failure of laboratory to comply is a misdemeanor.

SECTION 5b (3) of the Illinois dental practice act provides: "If person, firm or corporation receiving a written order from a licensed dentist engages another person, firm or corporation (hereinafter referred to as 'sub-contractor') to perform some of the services relative to such work order, he or it shall furnish a written sub-work order with respect thereto on forms prescribed by the Department of Registration and Education which shall contain:

"(a) The name and addresses of the subcontractor. (b) A number identifying the original work order, which number shall be endorsed on the work order received from the licensed dentist. (c) The date on which the sub-work order was written. (d) A description of the work to be done by the sub-contractor, including diagrams, if necessary. (e) A specification of the type and quality of materials to be used. (f) The signature of the person, firm or corporation issuing the sub-work order.

"The sub-contractor shall retain the sub-work order and the issuer thereof shall retain a duplicate copy, attached to the work order received from the licensed dentist, for inspection by the Department of Registration and Education or its duty authorized agents, for a period of 3 years in both cases. Failure of laboratories to comply is a misdemeanor.