

oral design

B O S T O N

11 NEWBURY STREET BOSTON, MA 02116

PHONE 617-267-9449 FAX 617-267-9886

WORK AUTHORIZATION

DR. _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

PATIENT NAME

SEX: M / F AGE: _____

DUE DATE IN OFFICE _____

FOR LAB USE ONLY

PAN#:

DATE & TIME RECEIVED

COLLAR DESIGN

- ☐ Slight Gold _____
☐ No Gold Showing _____
☐ Butt Margin _____

OCCLUSAL DESIGN

- ☐ All Metal _____
☐ Functional Cusps Metal _____
☐ All Porcelain _____

INTERPROXIMAL CONTACT DESIGN

- ☐ Fine Point ☐ Flat ☐ Heavy Contacts

PONTIC DESIGN



PLEASE SEND THE FOLLOWING

- ☐ Rx Forms ☐ Bags ☐ Other _____

SPECIAL ENCLOSURES

- ☐ Post ☐ Shade Tab ☐ Photo(s) ☐ Other _____

- ☐ Please evaluate preps and impressions
☐ CALL ME - I would like to speak with _____

- ☐ Signature _____ Lic. # _____

A 2% finance charge will be applied to ALL PAST DUE BALANCES.

Please retain Pink copy for your records.

CHARACTERIZATION

Occlusal Stain

- ☐ None
☐ Light
☐ Medium
☐ Dark

Texture

- ☐ Smooth
☐ Medium
☐ Heavy

Gloss

- ☐ Low
☐ High

DESIGN