



1-877-776-2726

1-715-845-1199

fax 1-715-848-9898

629 Jefferson Street

Wausau, WI 54403

DENTAL LABORATORY WORK AUTHORIZATION

Send digital files to: digitaldentaldesigns@yahoo.com

From: _____ Address: _____

Dr: _____ Phone: _____

Patient: _____ Date: _____

Age: _____ Sex: _____

Tooth #: _____

Shade: _____

_____ G
_____ B
_____ I

Bruxer

PFM

FCC

Other

Emax

Signature: _____

LSC #: _____ Call Doctor

Appointment Date: _____

Date to be returned: _____

Lab Use Only

Dr. Called

Lab Notes:

Date Received

Bookmarked