



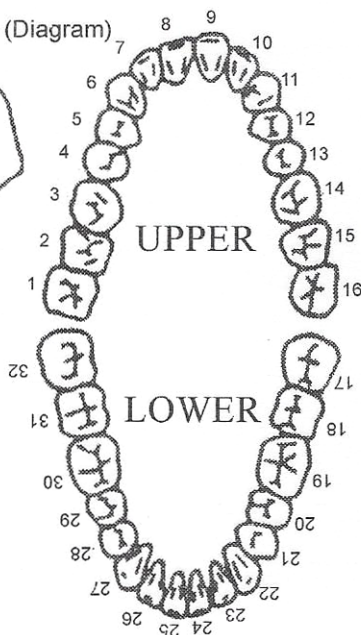
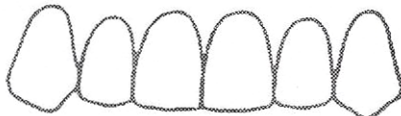
10090 Main St # 301 • Fairfax, VA 22031

DENTAL
PROSTHETIC
WORK
AUTHORIZATION

(703) 532-7512

PATIENT OR CASE NUMBER			DATE	SHADE
SEX M <input type="checkbox"/> F <input type="checkbox"/>	AGE	OCCLUSAL STAINING L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/>	SURFACE TEXTURE S <input type="checkbox"/> W <input type="checkbox"/> V <input type="checkbox"/>	

CHARACTORIZED STAINING (Diagram)
Description of Work



SMALL LABIAL(a) BUCCAL
BAND OF GOLD

YES NO

DATE WANTED TRY IN _____ AM PM FINISH _____ AM PM
USE BACK SIDE FOR FURTHER INSTRUCTIONS

PONTIC DESIGN

FULL RIDGE PARTIAL RIDGE NO RIDGE POINT CONTACT NO CONTACT



CIRCLE DESIRED DESIGN

Signature _____ D.D.S. _____
License No. _____
Address _____
City _____ State _____