

Dental Laboratory Work Authorization

Official Wisconsin and Illinois Form

Date _____



- | | | |
|--|--|--|
| <input type="checkbox"/> Waunakee: 800-236-3859 | <input type="checkbox"/> Baraboo: 800-362-3340 | <input type="checkbox"/> Rockford: 800-747-4668 |
| <input type="checkbox"/> Eau Claire: 800-591-7964 | <input type="checkbox"/> Greenfield: 414-546-3040 | |

Doctor's Name _____ () _____
Telephone Number

Street Address _____ City/State/Zip _____

License Number and State _____

Patient First and Last Name or Identification Number _____ Age _____ Sex _____

Removable Prosthodontics:

- | | |
|---|---|
| Anterior: Shade and Molds: | Posterior: Shade and Molds: |
| <input type="checkbox"/> Premium _____ | <input type="checkbox"/> Premium _____ |
| <input type="checkbox"/> Economy _____ Plastic Teeth | <input type="checkbox"/> Economy _____ Plastic Teeth |

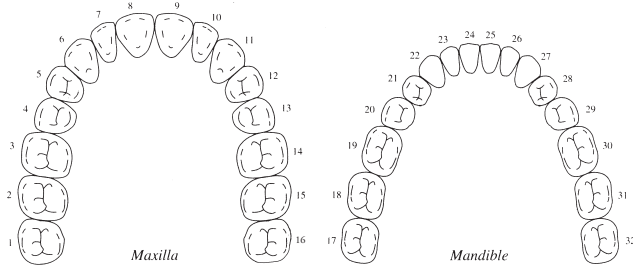
Digital Denture

Partial Denture:

- Chrome Cobalt
- D-Flex™ Flexible Partial
- VisiClear Flexible Partial
- Ultaire™ AKP

Materials:

Acrylic Colors: _____



Fixed Prosthodontics

- Porcelain Cov'g Posterior:**
- | | | | | |
|------------|--------|-----------------|--------------|-----------------------|
| Full Porc. | L Band | L Band F Collar | Full Metal L | Full Metal L F Collar |
|------------|--------|-----------------|--------------|-----------------------|

- Porcelain Cov'g Anterior:**
- | | | |
|------------|--------|---------|
| Full Porc. | L Band | Metal L |
|------------|--------|---------|

- Pontic Design:**
- | | | | | |
|------------|---------------|----------|---------------|------------|
| Full Ridge | Partial Ridge | No Ridge | Point Contact | No Contact |
|------------|---------------|----------|---------------|------------|

- Ridge Relief:**
- None Medium Slight Heavy

Substructure:

- ZR Plus™
- ZR™
- ZR-V™
- ZR Aesthetic
- Imagine™
- e.Max®
- ZR Plus™ w/ Micro Layering
- Porcelain Fused to Zirconia
- Cast Hi Noble
- Cast Noble
- Cast Base

If Minimal Occlusal Clearance:

- Metal/Zirconia occlusal
- Reduce opposing tooth

Contacts:

- Open
- Closed
- Porcelain Glazing:**
- High
- Regular
- Low

Infection Control Information:

- | | |
|------------------------------------|-----------------------------------|
| Impression Material | Disinfected With |
| <input type="checkbox"/> PVS | <input type="checkbox"/> Phenol |
| <input type="checkbox"/> Polyether | <input type="checkbox"/> Chlorine |
| <input type="checkbox"/> Alginate | <input type="checkbox"/> Iodophor |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

Please Send:

- Rx Forms
- Mailing Labels
- Boxes
- UPS Labels
- FedEx Ground Labels
- Speedee Labels

LAB USE ONLY

Included with case:

| | |
|--|---|
| <input type="checkbox"/> Impression _____ | <input type="checkbox"/> Implant Components _____ |
| <input type="checkbox"/> Opposing _____ | <input type="checkbox"/> Old Crown _____ |
| <input type="checkbox"/> Bite _____ | <input type="checkbox"/> Shade Tab _____ |
| <input type="checkbox"/> Impression Coping _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Models _____ | |

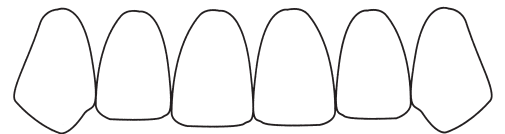
Please call regarding this case. Telephone Number: _____

Time to call preference: _____

Please email: _____

Please text: _____

Instructions:



Shade: **Finish:** **Try-in:**

I have securely (HIPAA compliant) uploaded photos to www.dnsdental.com/photos

Date/Time To Be Returned:

| | | | | |
|--------|---------|-----------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| Time: | Time: | Time: | Time: | Time: |

Doctor's Signature / Authorized Signature _____ Date _____

Only if signed, construct & deliver the herein described dental restoration.

(225 ILCS 25/48)(from Ch. 111, par. 2348)

(Section scheduled to be repealed on January 1, 2016)

Sec. 48. Manufacture of dentures, bridges or replacements for dentists; prescriptions; order; penalties.

(a) Any dentist who employs or engages the services of any dental laboratory to construct or repair, extraorally, prosthetic dentures, bridges, or other replacements for a part of a tooth, a tooth, or teeth, or who directs a dental laboratory to participate in shade selection for a prosthetic appliance, shall furnish such dental laboratory with a written prescription on forms prescribed by the Department which shall contain:

- (1) The name and address of the dental laboratory to which the prescription is directed.
- (2) The patient's name or identification number. If a number is used, the patient's name shall be written upon the duplicate copy of the prescription retained by the dentist.
- (3) The date on which the prescription was written.
- (4) A description of the work to be done, including diagrams if necessary.
- (5) A specification of the type and quality of materials to be used.
- (6) The signature of the dentist and the number of his or her license to practice dentistry.

(b) The dental laboratory receiving a prescription from a dentist shall retain the original prescription and the dentist shall retain a duplicate copy thereof for inspection at any reasonable time by the Department or its duly authorized agents, for a period of 3 years in both cases.

(c) If the dental laboratory receiving a written prescription from a dentist engages another dental laboratory (hereinafter referred to as "subcontractor") to perform some of the services relative to such prescription, it shall furnish a written order with respect thereto on forms prescribed by the Department which shall contain:

- (1) The name and address of the subcontractor.
- (2) A number identifying the order with the original prescription, which number shall be endorsed on the prescription received from the dentist.
- (3) The date on which the order was written.
- (4) A description of the work to be done by the subcontractor, including diagrams if necessary.
- (5) A specification of the type and quality of materials to be used.
- (6) The signature of an agent of the dental laboratory issuing the order. The subcontractor shall retain the order and the issuer thereof shall retain a duplicate copy, attached to the prescription received from the dentist, for inspection by the Department or its duly authorized agents, for a period of 3 years in both cases.
- (7) A copy of the order to the subcontractor shall be furnished to the dentist.

(c-5) Regardless of whether the dental laboratory manufactures the dental appliance or has it manufactured by a subcontractor, the laboratory shall provide to the prescribing dentist the (i) location where the work was done and (ii) source and original location where the materials were obtained.

(d) Any dentist who:

- (1) employs or engages the services of any dental laboratory to construct or repair, extraorally, prosthetic dentures, bridges, or other dental appliances without first providing such dental laboratory with a written prescription;
 - (2) fails to retain a duplicate copy of the prescription for 3 years; or
 - (3) refuses to allow the Department or its duly authorized agents to inspect his or her files of prescriptions;
- is guilty of a Class A misdemeanor and the Department may revoke or suspend his or her license therefor.

(e) Any dental laboratory which:

- (1) furnishes such services to any dentist without first obtaining a written prescription therefor from such dentist;
 - (2) acting as a subcontractor as described in (c) above, furnishes such services to any dental laboratory without first obtaining a written order from such dental laboratory;
 - (3) fails to retain the original prescription or order, as the case may be, for 3 years;
 - (4) refuses to allow the Department or its duly authorized agents to inspect its files of prescriptions or orders; or
 - (5) fails to provide any information required under this Section to the prescribing dentist;
- is guilty of a Class A misdemeanor.

(Source: P.A. 94-1014, eff. 7-7-06.)