



DENTAL LABORATORY WORK AUTHORIZATION

(Please Fill Out Completely)

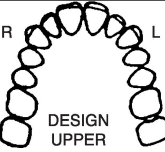
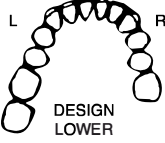
FROM:

DATE SENT: Tel No.:

ADDRESS: Contact:

License No. And State:

PATIENT: Dr:

ACCT. BOX/PAN INVENTORY	OUR PAN#	CHECK SENT:
IMPRESSIONS	ARCTIC	\$
MODELS	BITE	
CROWNS	OLD FRAME	
ATTACHMENTS	TEETH	MATRIX
[Design Only] Upper Framework Lower Framework <u>Duplicate Model</u>	MAJOR CONNECTOR: Horseshoe Full Palate Palatal Strap A-P Strap (circular H.S.) Lingual Bar Lingual Plate Embedded bar strength Embedded mesh strength	CLASPING: Bertram Choice Akers (C Clasp) RPI (I Bar) Roach (T.Bars) FLEXIBLE CLASP: Added to framework Clear Tooth Colored Shade Pink Duraflex Shade Light Pink Med. Pink Dark Pink
R  L DESIGN UPPER	Chrome Cobalt Gold	Facings/Tube Teeth/Denture Teeth Facing Shade SHADE GUIDE Tube Teeth Shade USED
L  R DESIGN LOWER	Bite Rims Yes No Chrome Cobalt Alloy Gold Ok to change clasp type? Yes No Ok to change major connector? Yes No Ok to relieve opposing? Yes No	IF IMMEDIATE CASE, DO WE EXTRACT TEETH NOW? Yes No <i>Failure to mark the above boxes will result in the <u>assumption</u> changes may be made.</i>



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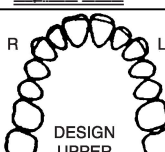
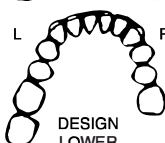
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IMPRESSIONS	ARCTIC	\$
MODELS	BITE	
CROWNS	OLD FRAME	
ATTACHMENTS	TEETH	MATRIX
[Design Only] Upper Framework Lower Framework <u>Duplicate Model</u>	MAJOR CONNECTOR: Horseshoe Lingual Plate	FLEX FRAMEWORK: Clear VisiClear BioSense (clear) Acetal A1 A2 A3.5 Pink B1 G1 (bleach) DuraFlex Light Pink Med. Pink Dark Pink
R  L DESIGN UPPER		DURAFLEX FLEXI PARTIAL: Complete Shade Light Pink Med. Pink Dark Pink
L  R DESIGN LOWER	CLASPING: Bertram Choice Akers (C Clasp)	FLEXIBLE DURAFLEX PARTIAL: Combo w/frame Shade Light Pink Med. Pink Dark Pink
	Bite Rims Yes No Ok to change clasp type? Yes No Ok to relieve opposing? Yes No	IF IMMEDIATE CASE, DO WE EXTRACT TEETH NOW? Yes No <i>Failure to mark the above boxes will result in the <u>assumption</u> changes may be made.</i>

Please check boxes above

TERMS: Payment for all work done is due in full no later than 30 days after the statement date. Payments not received when due will be charged a 1.5% (18% per annum) finance charge. Accounts late beyond 45 days will be put on a C.O.D. basis and incur an additional S&H fee. We reserve the right to charge your credit card for any outstanding balance due. Any accounts that go late beyond 30 days could have their account/work frozen until paid. **RX** boxes must be filled in or full charges applied.

DATE TO BE RETURNED _____

Signature _____

Use reverse side for additional instructions

Rev 1/22/2020

Please check boxes above

TERMS: Payment for all work done is due in full no later than 30 days after the statement date. Payments not received when due will be charged a 1.5% (18% per annum) finance charge. Accounts late beyond 45 days will be put on a C.O.D. basis and incur an additional S&H fee. We reserve the right to charge your credit card for any outstanding balance due. Any accounts that go late beyond 30 days could have their account/work frozen until paid. **RX** boxes must be filled in or full charges applied.

DATE TO BE RETURNED _____

Signature _____

Use reverse side for additional instructions

Rev 1/22/2020

***BERTRAM DENTAL LAB
REMAKE/RECAST POLICY:***

1. A minimum recast charge of 40% of original frame charge if the frame fits the model but not the mouth.
2. Full charges may be applied if old frame and model are not returned or if there is a design change.
3. A full price charge on any case made on a model rejected by Bertram Dental Lab but made per doctors or lab request.
4. No guarantee on attachment cases where the attachment teeth are made from stone material. We prefer stone models with the actual crowns mounted.

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