



BERTRAM

DENTAL LAB

2375 AMERICAN DRIVE

NEENAH, WISCONSIN 54956

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Web Site: www.bertramdental.com



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	_____ ARTIC	\$ _____
_____ MODELS	_____ BITE	
_____ CROWNS	_____ OLD FRAME	
_____ ATTACHMENTS	_____ TEETH	_____ MATRIX

These boxes must be filled in or full charges will be applied

Design Only

Upper Framework

Lower Framework

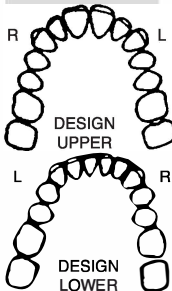
Duplicate Model

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
- RPI (I Bar)
- Akers (C Clasp)
- Roach (T Bars)

FLEX FRAMEWORK: Shade B1 G2 (bleach)

- Clear A1 A2 A3.5 Pink (P1)
- Light Pink Med. Pink Dark Pink
- DURAFLEX FLEXI PARTIAL: Complete**
- Shade Light Pink Med. Pink Dark Pink
- FLEXIBLE DURAFLEX PARTIAL: Combo w/frame**
- Shade Light Pink Med. Pink Dark Pink
- FLEX CLASP: Added to framework**
- Clear Tooth Colored Shade _____
- Pink Duraflex Shade _____



Facings/Tube Teeth/Denture Teeth	
Facing <input type="checkbox"/> Shade _____	SHADE GUIDE
Tube Teeth <input type="checkbox"/> Shade _____	USED: _____

- 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
- Failure to mark the above boxes will result in the assumption changes may be made.*

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.

Signature _____

DATE TO BE RETURNED _____

Use reverse side for additional instructions

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.