

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:

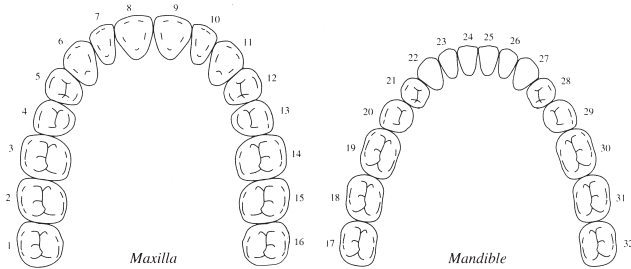
Teeth:

- Premium _____
- Economy _____

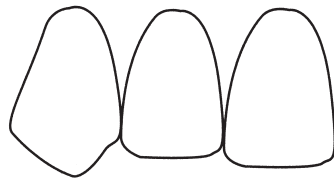
Acrylic Colors:

Partial Denture:

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



Fixed Prosthodontics:



Shade: Finish: Try-in:

Implants:

Brand _____

Size _____

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

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:

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.)