

Laboratory Work Authorization



Northern Virginia Dental Lab Inc.

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Doctor Information:

Ph: () - Fax: () -

*Note: All times listed are Minimum In Lab & Do Not include pick-up or Delivery time.

CROWN & BRIDGE *In lab time: 10-12 Days*

- Captak DurAcetal Temporary E-Max
- Empress Full Cast Gold Lava
- PFM Atlantis Titanium Implant Abutment
- UCLA Gold Implant Abutment Zirconia Implant Abutment

REMOVABLE FRAMEWORK *In lab time: 10-12 Days*

- Cast Metal Frame Clear Frame DurAcetal Frame
- DuraFlex (Valplast, Nylon) Other: _____

FULL DENTURES *In lab time: 4 Days PER STEP*

- Denture Setup Denture Finish
- Custom Tray Repair (**Please call first**)

OTHER REMOVABLE *In lab time: 4-5 Days*

- Bite Block Bleaching Tray
- Custom Tray Surgical Stent

NIGHT GUARDS *In lab time: 5 Days*

- Comfort Guard DurAcetal Guard
- Hard Hard/Soft Thermoplastic
- Soft Sports Guard

ORTHODONTICS *In lab time: 10-12 Days*

- EMA Sleep Appliance Silencer Sleep Appliance
- Hawley Retainer Space Maintainer

Today's Date: _____ Deliver by 5pm on: _____

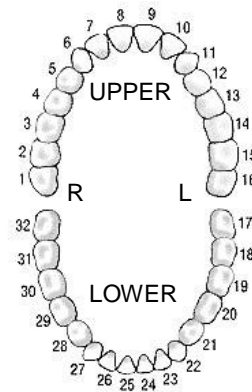
Patient Name: _____
 () Male () Female

SHADE:

- Enclosed with case:**
- U & L Impressions
 - U & L Models Bite
 - X-Rays Photos
 - Implant Parts

INSTRUCTIONS

{ } **Please call to discuss case.**



DOCTOR SIGNATURE

Person signing this work form accepts sole responsibility for payment, agrees to pay all legal & collection cost in the event of lawsuit. All accounts are due within 30 days of statement date. Any account not paid within the stated terms will be subject to COD account status and a 2% NON-REFUNDABLE late charge.

LICENSE NUMBER

White Copy: LAB Yellow Copy: DOCTOR