

DAL OUTSOURCE WORK AUTHORIZATION EXCLUSIVELY FOR LABORATORIES



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CHROME COBALT METAL PARTIALS

MAXILLARY Check for Smooth Palate MANDIBULAR

DESIGN CHANGE

- OK to change design
- OK to relieve opposing
- Doctor will relieve opposing

DESIGN RESTS TOOTH

- Mesial Rests _____
- Distal Rests _____
- Cingulum Rests _____
- Incisal Rests _____

CLASPS TOOTH

- Akers _____
- DBL Akers _____
- Ring _____
- Equipoise _____
- Fish Hook _____
- Snubber _____
- Roach or T-bar _____
- 1/2 Roach _____
- I Bar _____
- Flag _____
- Umbrella _____
- DBL I _____
- DBL T _____
- Wrought Wire Cast _____
- Wrought Wire Soldered _____

TOOTH TYPE

- VITAPAN
- VITAPAN EXCELL
- VITAPAN LINGOFORM
- Kenson
- Shade _____

EXTRACTIONS

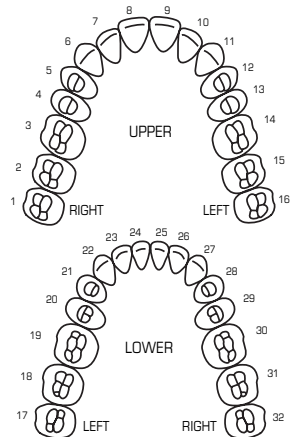
- Loops for try-in
- Extract from model

PROCESSED TEETH

- Boxing Only
- Tube Teeth
- Steeles Facings
- Processed Facings
- Backings Only
- Onlays - Acrylic
- Onlays - Metal
- Metal Dummy
- Metal Bite Pad
- Shade _____



Anterior Posterior Bar Horseshoe Posterior Palatal Strap



Firm/Laboratory _____ (FIRM OR LABORATORY ISSUING SUBCONTRACTING AUTHORIZATION)

Contact Name _____ (OWNER OR PRIMARY CONTACT FOR ACCOUNT)

Address _____

City _____ State _____ Zip _____

Phone _____ Pt. Name or ID# _____

RETURN DATE: ____/____/____ **BY 5 P.M.** Please call me / Patient age ____ M F

All Ceramics

- | | |
|---|---|
| cubeONE <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) | IPS e.max <input type="radio"/> Full Contour <input type="radio"/> Layered |
| cubeONE ML <input type="radio"/> Full Contour | Enamic Nano-Ceramic <input type="radio"/> Full Contour |
| cubeX² <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) | BruxZir <input type="radio"/> Full Contour |
| BioZ² <input type="radio"/> Full Contour <input type="radio"/> Layered (PFZ) | DAL EZ <input type="radio"/> Layered (PFZ) |

Porcelain to Metal Restorations

- | | | |
|---|--|---|
| <input type="radio"/> Base (Non-Precious) (Nickel-Beryllium Free) | <input type="radio"/> High Noble (White Gold) | <input type="radio"/> Porcelain Labial Margin <input type="checkbox"/> 180° <input type="checkbox"/> 360° |
| <input type="radio"/> Noble (White Semi-Precious) | <input type="radio"/> High Noble (Yellow Gold) | <input type="radio"/> Metal Occlusal |
| | <input type="radio"/> Captek (High Noble Yellow) | |

All Metal Restorations / Indirect Composites

- | | | |
|--|--|--|
| <input type="radio"/> High Noble Yellow (75%) | <input type="radio"/> Noble SP-Y Yellow | Indirect Composite |
| <input type="radio"/> High Noble Yellow (60%) | <input type="radio"/> Noble Yellow (40%) | <input type="radio"/> Inlay/Onlay |
| <input type="radio"/> High Noble White | <input type="radio"/> Noble White | <input type="radio"/> Inlay or Maryland Bridge |
| <input type="radio"/> Base (Nickel-Beryllium Free) | | |

Full Dentures

- | | | |
|--|-----------------------------------|--|
| <input type="radio"/> DAL Premium Full Denture | <input type="radio"/> Bite Rim | <input type="radio"/> Process and Finish |
| <input type="radio"/> Classic (Value) Full Denture | <input type="radio"/> Custom Tray | <input type="radio"/> Reline |
| <input type="radio"/> DAL Premium 3D Printed Denture | <input type="radio"/> Setup | <input type="radio"/> Repair |

Partial Dentures

- | | | |
|--|---|--|
| Chrome Cobalt (Metal) | Flexible (Metal-Free) | DAL Second Nature |
| <input type="radio"/> Conventional Frame | <input type="radio"/> Valplast | <input type="radio"/> Clear |
| <input type="radio"/> Equipoise Frame | <input type="radio"/> DuraFlex | <input type="radio"/> Tooth-Colored |
| <input type="radio"/> Precision Attachment Frame | <input type="radio"/> Combination w/Metal Frame | <input type="radio"/> DAL Soft Gasket Partial |

Temps/Bite Splints / DAL Monodont Bridge / Snoring/Sleep Apnea Appliances

- | | | |
|--|---|---|
| DAL Temps | DAL Bite Splints | Snoring/Sleep Appliances |
| <input type="radio"/> CAD/CAM Milled | <input type="radio"/> DAL Skinny Clear Hard | <input type="radio"/> Myerson EMA <input type="radio"/> D-SAD |
| DAL Monodont Bridge | <input type="radio"/> DAL Skinny Clear H/S | <input type="radio"/> TAP 3 <input type="radio"/> dreamTAP |
| <input type="radio"/> Acrylic Pontic | <input type="radio"/> Dawson B-Splint | <input type="radio"/> Sleep Herbst <input type="radio"/> Dorsal |
| <input type="radio"/> Layered Composite Pontic | <input type="checkbox"/> Single <input type="checkbox"/> Dual | |
| | <input type="radio"/> DAL Comfort H/S | Mouthguards |
| | <input type="radio"/> DAL KeySplint Clear | <input type="radio"/> ProForm Color _____ |

Fixed & Removable Implant

- | | | |
|---|--|---|
| Final Abutment Design | Fixed Implant Restoration | Removable Implant Restoration |
| <input type="radio"/> Cement Crown w/Abutment | <input type="radio"/> cubeONE <input type="radio"/> IPS e.max | <input type="radio"/> Overdenture/Bar |
| <input type="radio"/> Screwmentable Two Piece | <input type="radio"/> cubeONE ML <input type="radio"/> Noble PFM | <input type="radio"/> Fixed Bridge/All-On-4 |
| <input type="radio"/> Screw-Retained One Piece | <input type="radio"/> cubeX ² <input type="radio"/> Layered PFZ | <input type="radio"/> Spark Erosion |
| Authentic Parts? Yes <input type="radio"/> No <input type="radio"/> | <input type="radio"/> BioZ ² <input type="radio"/> Monolithic | <input type="radio"/> DAL BioHybrid Bridge |

(SIGNATURE OF PERSON AUTHORIZED TO ISSUE SUB-WORK ORDER)

_____/_____/_____
(DATE)

