



NORTHWEST IMPLANT SPECIALIST LABORATORY

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DENTAL WORK AUTHORIZATION

DOCTOR _____ DATE _____

PATIENT _____ AGE _____

DATE & TIME REQUESTED _____

DENTURES

TRAY OCCLUSAL RIMS TRY-IN FINISH

PARTIAL DENTURE FRAME (PLEASE SEE DESIGN BELOW)

SHADE _____ MOLD _____ BRAND _____

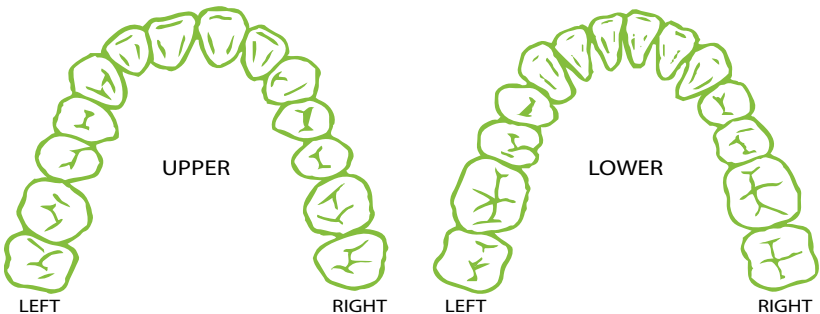
CROWN & BRIDGE

TOOTH # _____ MATERIAL _____

IMPLANT SYSTEM _____

ABUTMENT STYLE _____

PROSTHESIS DESIGN _____



DOCTOR'S SIGNATURE _____

LICENSE NUMBER _____

ADDRESS _____

PHONE NUMBER _____