

DOCTOR	IN	OUT	CASE NO.			DATE RECEIVED



46 East College Avenue • Cedar City, Utah 84720  
 Phone: 435-586-3499 • Toll Free: 1-888-586-3499 • Cell: 435-559-3499



Terry D. Baldwin, CDT



Terry M. Baldwin, CDT



PATIENT \_\_\_\_\_

Date for Bite Rim \_\_\_\_\_  am  pm

Date for Wax Try in \_\_\_\_\_  am  pm

Date for Completion \_\_\_\_\_  am  pm

**DENTAL WORK AUTHORIZATION**

**ANTERIOURS**

Shade

Mould

Upper


Lower

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bioblend® | <input type="checkbox"/> Plastic      |
| <input type="checkbox"/> Bioform®  | <input type="checkbox"/> Porcelain    |
| <input type="checkbox"/> Classic®  | <input type="checkbox"/> IPN Plastic® |
| <input type="checkbox"/> Ivoclar   | <input type="checkbox"/> Upper        |
| <input type="checkbox"/> Economy   | <input type="checkbox"/> Lower        |

**POSTERIOURS**

Shade

Mould

Upper


Lower

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bioblend® | <input type="checkbox"/> Plastic      |
| <input type="checkbox"/> Bioform®  | <input type="checkbox"/> Porcelain    |
| <input type="checkbox"/> Classic®  | <input type="checkbox"/> IPN Plastic® |
| <input type="checkbox"/> Ivoclar   | <input type="checkbox"/> Upper        |
| <input type="checkbox"/> Economy   | <input type="checkbox"/> Lower        |

DOCTOR'S SIGNATURE \_\_\_\_\_

DOCTOR'S LICENSE NUMBER \_\_\_\_\_

Authorization to Construct Prescribed Case/Dr. agrees to pay account in full within 25 days of statement. Dr. agrees to pay 2% Service Charge on any past due balance plus cost of collection and reasonable attorney fees.