

**DENTAL LABORATORY WORK AUTHORIZATION**  
OFFICIAL WISCONSIN FORM

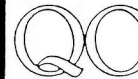
Date \_\_\_\_\_  
 FROM: Dr. \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 License No. & State \_\_\_\_\_  
 FOR: \_\_\_\_\_  
 (Patient Name or Identification Number)

**ORTHODONTIC DEPARTMENT**

**Please Check:**

- HAWLEY**  Upper  Lower  Wrap
- SPRING COMBO**  With Wire Extension
- SUPER SPRING**  With Acrylic Extension  
 Reset Teeth
- FIXED**  Upper  Lower  
 Type \_\_\_\_\_
- BIONATOR**  
 To Open Bite  To Close Bite  
 To Hold Bite
- SCHWARZ**  Upper  Lower
- SAGITTAL**  Upper  Lower
- SPLINT**  Upper  Lower  
 Type \_\_\_\_\_
- MOUTH GUARD**  Regular  Proform
- STOMO**
- WILSON 3-D** Type \_\_\_\_\_
- BLEACHING TRAY**  Upper  Lower
- TWIN BLOCK™**
- OTHER APPLIANCES**  
 Type \_\_\_\_\_

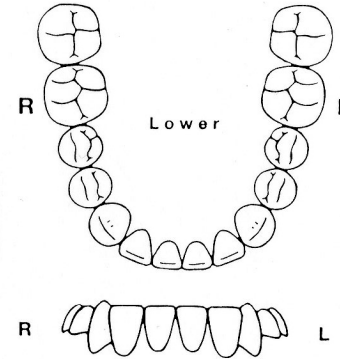
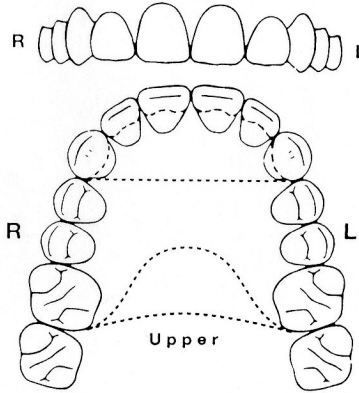
- DUPLICATE ORIGINAL MODEL**
- ACRYLIC COLOR**  
 Pink  Clear  Other \_\_\_\_\_
- BRACKETS**  
 Leave On  Remove
- JACKSON**
- NORD**
- SPACE MAINTAINER**  
 UNILATERAL  
 BI-LATERAL  
 NANCE HOLDING
- HABIT APPLIANCE**  
 VERTICAL RAKE  
 PALATAL CRIB
- HYRAX RPE**
- TITANIUM PALATAL EXPANDER**
- QUAD HELIX**
- PORTER - W**  Upper  Lower
- BONDED 3 X 3**
- E-Z BOND**
- ORTHODONTIC STUDY MODELS**



LET OUR WORK REFLECT YOURS  
Est. 1969

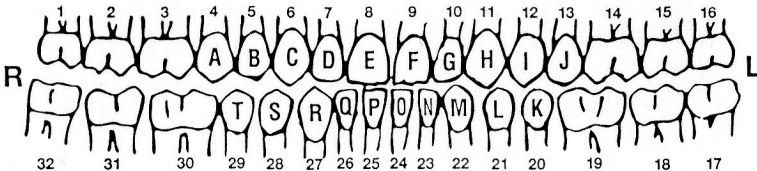
**QUALITY CROWN & BRIDGE STUDIO, INC.**  
 A Full Service Laboratory  
 2651 Libal Street  
 Green Bay, Wisconsin 54301  
 (920) 432-1973 1-800-232-5367  
 FAX: (920) 432-8332

PLEASE CALL REGARDING THIS CASE.



CLASPING:  Ball  Adams  "C"  Other \_\_\_\_\_

SPECIAL INSTRUCTIONS:



Signature \_\_\_\_\_

DATE TO BE RETURNED \_\_\_\_\_

Use reverse side for additional instructions.