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408 Second Street --Menasha, Wisconsin 54952------

PHONE (920) 731-1483 • FAX (920) 731-2744

Web Site: www.bertramdental.com

DENTAL LABORATORY WORK AUTHORIZATION

(Please Fill Out Completely)

FROM:							
DATE SENT:		Tel No.:					
ADDRESS:		Contact:					
City:		State		Zip:			
PATIENT:			Dr:				
ACCT. BOX/PAN INVENTORY IMPRESSIONS MODELS CROWNS ATTACHMENTS		OUR PAN# ARCTIC BITE OLD FRAM TEETH	E	CHEC \$	K SEN	T: MATRIX	
These boxes must be filled in or full charges will be applied Design Only Upper Framework Lower Framework Duplicate Model	MAJOR CONNECTOR: Horseshoe Full Palate Palatal Strap A-P Strap (circular H.S.) Lingual Bar Lingual Plate Embedded bar strength Embedded mesh strength CLASPING: Bertram Choice	Light Pink FLEXIBLE C Light Pink FLEXIBLE C Clear Tooth Color Pink Durafle	A2 Injecto DURAF CLASF red Sha	A3.5 B1 ed FLEXI PART Med. Pink FLEX PARTIAL: Med. Pink C: Added to frame adde	: Combo	Dark Pink	
B DESIGN UPPER	RPI (I Bar) Akers (C Clasp) Roach (T.Bars)	Facings/Tub Facing Tube Teeth	Sł	-	eth HADE (ISED	GUIDE	
	Ok to change clasp type? Ok to change major connector? Ok to relieve opposing?	Yes No Yes No Yes No					
	IF IMMEDIATE CASE, DO WE EXTRACT TEETH NOW? Yes No Failure to mark the above boxes will result in the <u>assumption</u> changes may be made. Add Rims to Frame (s) Yes No						

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O DESIGN UPPER	Akers (C Clasp) Roach (T.Bars)			SHADE GUIDE USED		
L DESIGN CONCERNENT	Ok to change clasp type? Yes No Ok to change major connector? Yes No Ok to relieve opposing? Yes No IF IMMEDIATE CASE, DO WE EXTRACT TEETH NOW? Yes No Failure to mark the above boxes will result in the <u>assumption</u> changes may be made. Add Rims to Frame (s) Yes No					

Please Check Boxes Above

TERMS: Payment for all work completed is due in full no later than 30 days after the statement date. Payments not received will result in a handling fee per case until no remaining late balance is due. We reserve the right to charge your credit card on file for any outstanding balance due. Any account past 30 days and into 60 days will have their account frozen until no remaining late balance is due. Rx boxes must be filled out completely or written instructions must be complete or full charge remakes will apply.

DATE TO BE RETURNED

Signature.

Rev 10/31/2022

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Use reverse side for additional instructions

BERTRAM DENTAL LAB REMAKE/RECAST POLICY:

- 1. A minimum recast charge of 50% of original frame charge if the frame fits the model but not the mouth.
- 2. Full charges may be applied if old frame and model are not returned or if there is a design change.
- 3. A full price charge on any case made on a model rejected by Bertram Dental Lab but made per doctors or lab request.
- No guarantee on attachment cases where the attachment teeth are made from stone material. We prefer stone models with the actual crowns mounted.

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