

# DENTAL PROSTHETIC WORK AUTHORIZATION

## CARTER DENTAL STUDIO

117 W. BOSCAWEN STREET, SUITE 7  
WINCHESTER, VIRGINIA 22601  
Telephone 540-662-0163

Prepared to conform to The Dental Practice Act of  
Virginia and approved by the State Board of Dental Examiners

PATIENT OR CASE NUMBER

DATE

DENTURE BASE MATERIAL

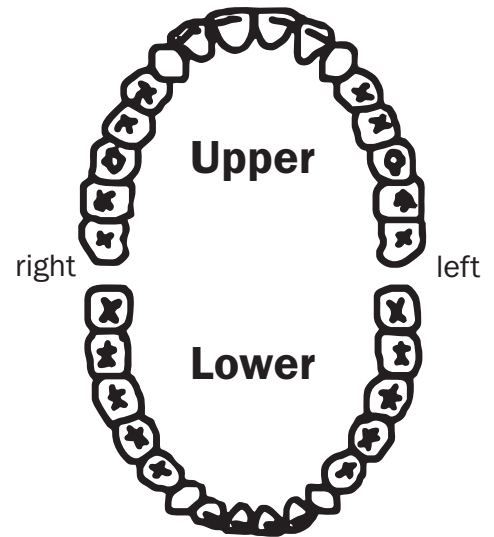
MAKE OF TEETH

MOLD

SHADE

### Description of Work

### Instructions



TRYIN \_\_\_\_\_

INLAY \_\_\_\_\_

CAST PARTIAL \_\_\_\_\_

FINISH \_\_\_\_\_

CROWN \_\_\_\_\_

WROUGHT \_\_\_\_\_

REPAIR \_\_\_\_\_

BRIDGE \_\_\_\_\_

OTHER \_\_\_\_\_

BITE or TRAYS \_\_\_\_\_

RELINE \_\_\_\_\_

FULL  PARTIAL

Signature \_\_\_\_\_ D.D.S. Return on \_\_\_\_\_

License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## Further Instructions: