



To: 14946 S. Harrell's Ferry Rd
 Baton Rouge, LA 70816
 Phone: (225) 755-7006 • 1-800-906-9060
 www.irwindentallab.com

Owner: Greg Irwin, B.S., C.D.T.

From: DR. _____ WORK ORDER NO. _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME OR IDENTIFICATION NUMBER _____

TYPE OF RESTORATION _____

DATE WANTED: TRY-IN _____

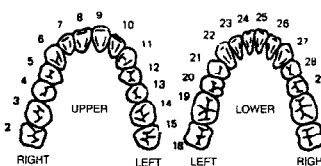
FINISH _____

SHADE	<input type="checkbox"/> MALE
	<input type="checkbox"/> FEMALE



- Metal Coping with lingual collar
- Metal Occlusal excluding Buccal cusp
- Metal Occlusal including Buccal cusp

- Metal Coping with thin Buccal collar
- Porcelain Margin on Facial
- No Collar



- Precious
- Semi-Precious
- Non-Precious



Pontic Design

- Yes No
- Yes No

Contributing health factors? If yes, explain below
 Will there be any future prosthetics affecting this case?
 Such as Opposing or adjacent crowns.

Specific Instructions:

Tooth # _____

The Undersigned agrees to the following terms for this and all future work:
 1. Any account over 30 days past due will be assessed a 1.5% per month service charge and may be placed on C.O.D. status.
 2. A charge of \$20.00 may be applied to any returned check.
 3. In the event suit is filed to enforce payment, I/we agree to reasonable collection costs and attorney fees as allowed by law.

Signed-Dr. _____ License No. _____