



# Laboratory Work Order

Bennett Technologies, Inc.

Please clearly and in print fill out all required fields with an \*

Clinician Name\*

Office Phone\*

Patient Name/ID\*

Return Date\*

## Crown and Bridge Restorations

Tooth/Teeth #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Material/Type

Monolithic Zirconia

Layered Zirconia

Porcelain to Metal

Full Gold

Palladium

Veneer

Splinted  Yes  No

Other: \_\_\_\_\_

Margin Finish (PFMs):  No Metal  Lingual Only  360 Band  Porcelain Butt

## Implant Restorations

Tooth/Teeth #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Material/Type

Cement Retained

Screw Retained

Titanium Abutment

Zirconia Abutment

Gold Abutment

Hybrid Abutment

Implant Brand: \_\_\_\_\_ Size: \_\_\_\_\_

Margin Placement Under Tissue: Facial \_\_\_\_ Lingual \_\_\_\_ Mesial \_\_\_\_ Distal \_\_\_\_

## Additional Information/Requests

\*Shade: \_\_\_\_\_

Date\* Clinician Signature\*

License Number\*

Bennett Technologies, Inc.

8453 W 192nd Street, Suite 89 F, Mokena, IL 60448

800-892-5391 contact@bti.dental

\*By signing and or/sending a prescription, work order (or substitution thereof) to Bennett Technologies, Inc., you are agreeing to abide by the terms and conditions that can be found at:

<https://bti.dental/termsandconditions>