

## Laboratory Work Authorization

Artisan Master Creations, LLC 3333 S Wadsworth Blvd D-323	Practice Name Street Address			
Lakewood, CO 80227	City, State, Zip			
(720) 865-6300	Phone Number			
Dentist's Name	Return by Date			
Patient's Name	Appointment Date			
☐ Mandibular Advancin  2: Appliance to be fabricated of all the second of occlus  4: Material to be used: ☐ Hards: Patient's dominant hand: ☐	uard    Anatomic Appliance    Custom g Appliance    Anterior Deprogrammer on:    Maxillary Arch			
Dentist's Signature	Date			
Dentist's License Number	State			
For Internal Use Only				

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Incisal Pin		QA		Dates		
Mounting		Mounting			Received	
IF		Design			Models	
Acrylic		Finish			Returned	
AF		Articulator			MLB	



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1: Appliance Type:  Night G	g Appliance ☐ Anterion: ☐ Maxillary Arch sion: ☐ Adjust as need d (recommended) ☐ F ☐ Left hand ☐ Right h	or Deprogrammer  ☐ Mandibular Arch  ed ☐ Do not adjust  Iard with soft lining  and		
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