

WICKERT DENTAL LAB

MEMBER MACDL-NADL

SERVING THE DENTAL PROFESSION SINCE 1941

84 SOUTH WOODROW • BATTLE CREEK, MICHIGAN 49015
(269) 963-8734 • (800) 383-9355 • FAX (269) 963-8713

EXCERPT FROM PUBLIC ACT NO. 198

(2) Written work authorization shall be in a form prescribed by regulations of the board and shall contain the following:

- (a) The name and address of the laboratory to do such work.
- (b) Identification of the patient by name or number.
- (c) The date on which it was written.
- (d) The description of the work to be done, with diagrams, if necessary.
- (e) A specification of the type and quality of materials to be used.
- (f) The signature of the dentist or physician, his complete address and the number of his state license.

(3) Upon completion of the prescribed work, it shall be returned to the prescribing dentist or physician or his office with the name or number of the written work authorization accompanying the invoice. Each work authorization or a carbon copy thereof shall be retained and filed by the issuing dentist or physician and by the dental laboratory doing the work for a period of at least 3 years. The filed work authorization or carbon copy thereof shall be available for inspection by the board or its representatives during such period.

(4) No dental laboratory shall have in its possession any prosthetic dentures, bridges, orthodontic or other appliances or structures to be used as substitutes for or as a part of natural teeth or jaws or associated structures or for the correction of malocclusions or deformities either completed or being fabricated, without having in its possession a written work authorization therefor.

(5) No dental laboratory shall advertise, solicit, represent or hold itself out in any manner to the general public that it will sell, supply, furnish, construct, repair or alter prosthetic dentures, bridges, orthodontic or other appliances or structures to be used as substitutes for or as a part of natural teeth or jaws or associated structures or for correction of malocclusions or deformities.

(6) The board, its agents or employees may inspect dental laboratories to determine their compliance with this act. Any dental laboratory which violates any provisions of this act, or refuses to allow the board, its agents or employees to inspect the work authorizations or prosthetic dentures, bridges, orthodontics or other appliances or structures to be used as substitutes for or as a part of natural teeth or jaws or associated structures for the correction of malocclusions or deformities in its possession, is subject to such penalties as are provided in this act.

DR. _____ DATE: _____

ADDRESS: _____

CITY _____

PHONE _____

PLEASE PRINT PATIENT'S NAME _____ AGE _____ GENDER _____

DATE WANTED _____

MOULD _____

APPOINTMENT TIME _____

SHADE _____

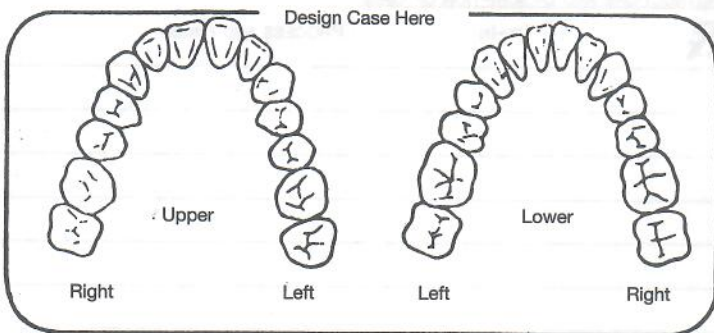
MAKE _____

INSTRUCTIONS AND DESCRIPTION OF CASE

Rx

TRY-IN

PROCESS AND FINISH



Rx

NAME WANTED IN DENTURE? YES NO

DENTIST'S SIGNATURE _____ D.D.S.

LICENSE NO. _____

White Copy - Lab Yellow Copy - Dentist