



## Patient Therapy Authorization Form

|   |            |   |
|---|------------|---|
| <b>DENTAL OFFICE</b> <i>(please print &amp; circle where appropriate)</i>   |            |   |
| Name of Doctor _____  |            |   |
| <i>Prescribed Procedure (\$100.<sup>00</sup> each):</i><br>Upper Impression / Lower Impression / Occlusal Measurement / Try-in / Insert                     |            |   |
|   |            |   |
| Authorized Signature _____  | Name _____ | Date _____<br><small>mm      dd      yy</small> |
| Please bill directly to: _____ Our Clinic / Patient _____   |            | <b>SIGN &amp; FAX to 780.429.0809</b>           |
| <b>Services directly billed to patients are not eligible to be claimed as tax deduction and cannot be submitted to insurance company for reimbursement.</b> |            |   |

|   |                     |              |
|---|---------------------|--------------|
| <b>PATIENT INFORMATION</b> <i>(please print &amp; circle where appropriate)</i> |                     |              |
| Mr / Mrs / Ms _____<br><small style="margin-left: 100px;">Last</small>          | First _____         | Middle _____ |
| Daytime Tel: _____  | Cell: _____         |              |
| Appointment Date: _____<br><small>mm      dd      yy</small>                    | Time: _____ AM / PM |              |
| <b>By Appointment Only.</b>   |                     |              |
| Any allergies/medical conditions (latex / hepatitis / HIV etc.)? _____          |                     |              |

|   |
|---|
| <b>LAB ONLY</b> <i>(please print)</i>                               |
| Technical assessment and/or recommendations:<br>_____<br>_____      |
| Registered Technician: _____  |
| In-lab patient charges: \$ _____ Estimated by: _____                |
| <b>All in-lab patient charges/procedures are subject to change.</b> |

|   |   |
|---|---|
| <b>PATIENT</b>  |   |
| I hereby acknowledge receipt of my _____ in good order. |   |
| Patient Signature _____                                 | Date _____<br><small>mm      dd      yy</small> |

113017