

due date _____
 doctor _____
 address _____
 city _____ state _____ zip _____
 patient name _____ age _____ sex _____

10 full working days required. Call for rush cases.

restorative materials

All Ceramic Restorations

- | | | | |
|--------------------------------------|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> IPS Empress | <input type="checkbox"/> Inlay/ Onlay | <input type="checkbox"/> Full Crown | <input type="checkbox"/> Laminate/Veneer |
| <input type="checkbox"/> E-max | <input type="checkbox"/> Full Crown | <input type="checkbox"/> Bridge | |
| <input type="checkbox"/> Procera | <input type="checkbox"/> Full Crown | <input type="checkbox"/> Bridge | <input type="checkbox"/> Laminate/Veneer |
| <input type="checkbox"/> Cercon | <input type="checkbox"/> Lava 3M | | |
| Other _____ | | | |

Porcelain to Metal

- Noble High Noble White High Noble Yellow Captek







Gold Restorations

- Full Gold Crown Gold Inlay/Onlay Bridge

Additional Services

- Custom Tray Custom Shade Soft Night Guard Soft Tissue
 Hard/Soft Night Guard Sports Guard

Metal Design

-  Porcelain Butt Margin (Shoulder Prep Required)
  Lingual Collar _____ mm
  Full Metal Band _____ mm
  Metal Occlusal (Excluding Buccal Cusp)
  Metal Occlusal (Including Buccal Cusp)
  Metal Lingual

white - lab copy yellow - dentist copy

Please Circle Pontic Design:

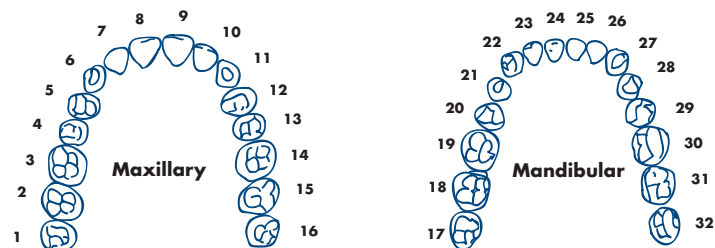


Ridge Relief? Yes No

Shade: _____



- Occlusion** No Occlusion Light Occlusion
Occlusal Stain None Light Medium Dark



special instructions

please print

Rx

dentist signature _____

dentist license # _____ date _____

COST OF COLLECTION OF ANY ACCOUNT WILL BE PAID BY THE CUSTOMER.

TERMS: NET 30 DAYS; 2% SERVICE CHARGE OVER 30 DAYS

Please Send RX's Airbills Boxes Bags