

Doctor: \_\_\_\_\_

Patient: \_\_\_\_\_ Age \_\_\_\_\_ M or F

Date Required: \_\_\_\_\_

<b>Gold</b>	<b>High-Noble</b> Yellow gold	<b>High-Noble</b> White gold	<b>Semi-Prec.</b> (Noble)	<b>Non-Precious</b>	
<b>Titanium</b> CAD-CAM Milled (not cast)	<b>Empress</b> All Ceramic	<b>E-max</b> All Ceramic	<b>Zirconia</b> <b>Zirion</b> by Straumann	<b>Zirconia</b> <b>Procera</b> by Noble Biocare	
<b>Crown</b>	<b>Bridge</b>	<b>P.F.M.</b>	<b>Full-Contour</b>	<b>Implant</b>	<b>Metal Occ.</b>
<b>Inlay/Onlay</b>	<b>Laminate</b>	<b>Custom Abutment</b>	<b>Porc. Margin</b>		
<b>Diag. Wax-up</b>	<b>Provisional Temps.</b>	<b>Sep. Post Core</b>			

Authorized Signature

License Number: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, doctor or doctor's agent agrees to the following terms and conditions: In the event a doctor's account becomes delinquent, all amounts owed, become due and payable, and the dentist and / or the dental practice owner are subject to any and all attorneys' and or collection costs. All past due amounts will accrue applicable interest charges of 1.5% percent per month = 19.56% per annum until paid. Delinquent credit status may be reported to any / all credit bureaus and D&B.



Doctor: \_\_\_\_\_

Patient: \_\_\_\_\_ Age \_\_\_\_\_ M or F

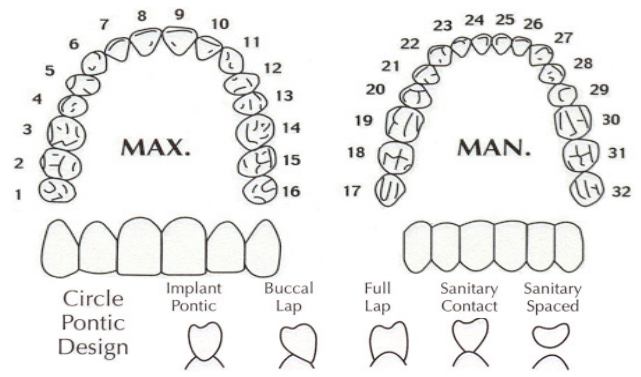
Date Required: \_\_\_\_\_

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

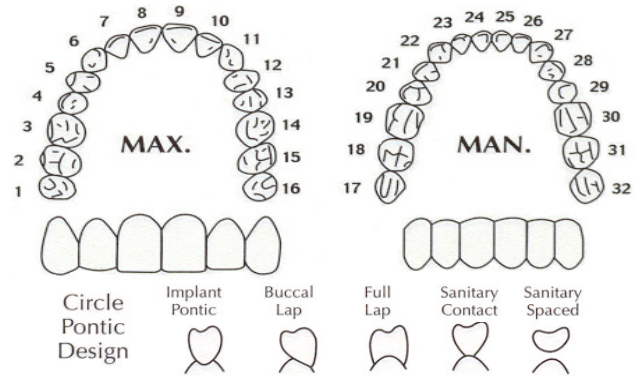
Staining instructions:



Occlusal stain: Yes:  No:

Please include a study model

Thank You



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

Staining instructions:



Occlusal stain: Yes:  No:

Please include a study model

Thank You