

Doctor: _____

Patient: _____ Age _____ M or F

Date Required: _____

High-Noble <u>Yellow gold</u>	High-Noble <u>White Gold</u>	Semi-Prec. (White Noble)	Non-Prec.	
P.F.M.	Full Gold	Empress	E-max	Procera (Zirconia)
Crown	Bridge	Inlay/Onlay	Laminate	Implant
Diag. Wax-up		Provisional Temps.	Custom Abutment	
Metal Occ.		Porcelain Margin	Sep. Post Core	

 Authorized Signature

License Number: _____

Date: _____

By signing above, doctor or doctor's agent agrees to the following terms and conditions: In the event your account becomes delinquent, all amounts owed, become due and payable, and you 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

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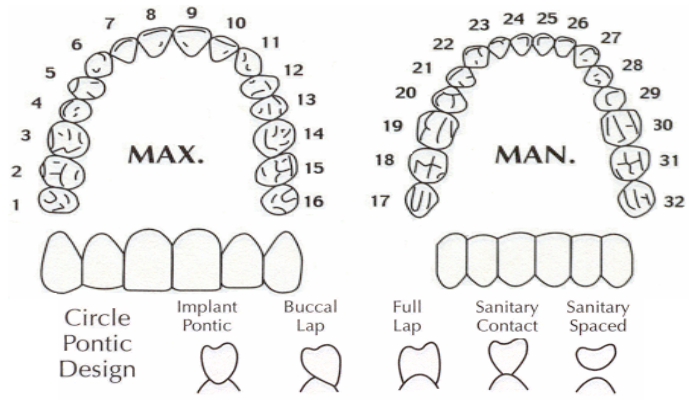
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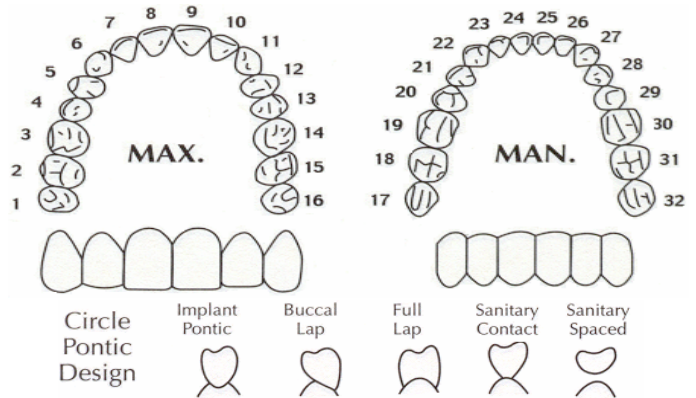
Shade: _____

Staining instructions: _____

Rx Occlusal stain: Yes: No:

Please include a study model

Thank You



Shade: _____

Staining instructions: _____

Rx Occlusal stain: Yes: No:

Please include a study model

Thank You