

Doctor _____ **Phone** _____

Shade _____ **Stump** _____

Custom Shade

Address

Zirconia

- Full Contour Beyond Plus High Translucent
- Full Contour High Strength
- Full Contour Inlay / Onlay
- Full Contour Laminate / Veneer

Patient Male Female

e.max®

- Laminate / Veneer Full Crown

Return Date By 5PM : *(Please do not schedule on return date)*

Full Cast Crown

- Noble Yellow Non-Precious

Normal time 2 weeks **RUSH CASE Additional Chg.**

Tooth No. _____ Case has been disinfected

Miscellaneous

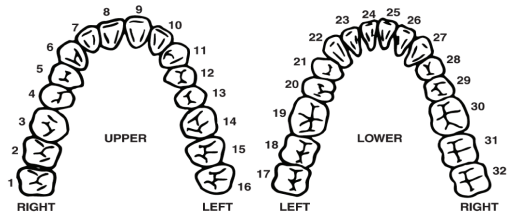
- CAD Provisionals Multi Shaded
- CAD Diagnostic Wax-up

INSTRUCTIONS

Implants

TYPE _____ **SIZE/COLOR** _____

- Prep Enclosed Abutment
- Patient Specific Titanium
- Hybrid Abutment
- Screw Retained Crown
- Gold anodized



Doctor Signature

License No.

Date

By Signing above, I acknowledge that this form represents my sole responsibility for payment and agree to pay all legal and collection costs in the event of suit, including reasonable fees. Terms Net 25. Service charge 2% over 30 days.