

PLEASE PRINT:

Patient Name _____
Age: _____ Male Female
Due Date: _____
Confirmation # _____

FIXED

Accepting all digital files

PFM

- Base
- Noble (Flat Fee)*
- High Noble White
- High Noble Yellow

FULL CAST

- Noble
- High Noble

CERAMICS

- Lithium Disilicate
- Layered
- Monolithic
- Verotek™ FCZ
- Verotek Aesthetic
- Verotek Layered

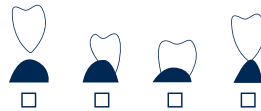
Porcelain Butt Margin

- Yes No

Dr. to Trim Die

- Yes No

PONTICS



IF INSUFFICIENT OCCLUSAL CLEARANCE

- Please Call
- Reduce/Mark on Opposing

IMPLANTS

System _____ Type _____

Platform Diameter _____

- Prosthetic Guide

Abutments

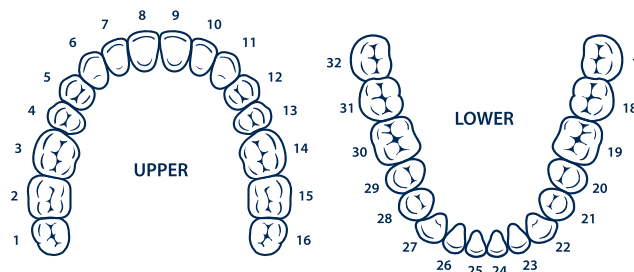
- Stock
- Custom
- Titanium
- Zirconia
- Gold Nitride Coating

Restoration

- Verotek Layered
- Verotek Aesthetic
- Verotek FCZ
- PFM
- Lithium Disilicate Layered
- Lithium Disilicate Monolithic

SHADE

- Try-in
- Finish



Authorized Signature: _____
(Required by law)

License #: _____

SEND MORE

- RXs
- Boxes
- Labels
- Other _____

MATERIALS ENCLOSED

- Impression
- Model
- Implant Parts
- Other _____
- Shade Tab

DENTURES

- Upper
- Lower

- Custom Tray
- Perforated Tray
- Occlusal Rim

- ### SET-UP
- Ideal
 - Lingualized

DENTURES

- Classic (House Teeth, ID**)
- Premium* (Blue Line/ Vita /Equivalent Teeth, ID**)
- Ultimate (Any Teeth, Ivocap Processing, ID**)

PARTIALS

- Upper
- Lower

- All Acrylic
- Wrought Wire Clasps
- DuraFlex
- Try-in
- Set and Finish
- Metal Frame (Combo)
- Metal Framework
- Frame Try-in
- Frame with Bite Block
- Frame with Set-up
- Frame with Finish

PROTECTIVE

- Upper
- Lower

OCCLUSAL GUARDS

- Thermo-Guard*
- Acrylic Night Guard
- Comfort H/S

SNORING AND SLEEP APNEA

- TAP® 3
- EMA® Snoreguard
- dreamTAP
- ClearDream®

NTI-tss PLUS™

- NTI-tss Plus
- NTI Migraine Set

Invoices are due and payable on or before the date shown on your monthly statement. A balance due after 60 days will be charged an additional 1½% per month (18% per year). An account balance 60 days or more will require C.O.D. delivery unless prior arrangements are made with the laboratory administrator.

*Asterisk denotes lab standard if not specified.

**Patient ID not placed unless specifically requested.