

Doctor: _____

Patient: _____ Age _____ M or F

Date Required: _____

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

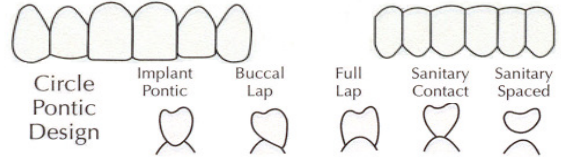
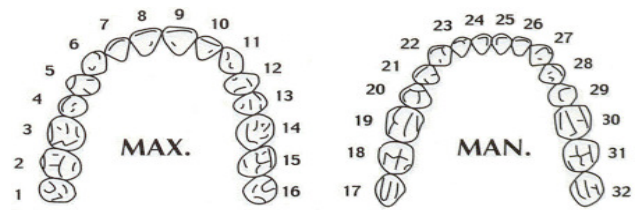
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Shade: _____

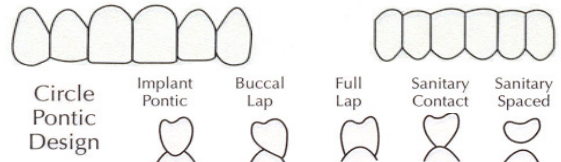
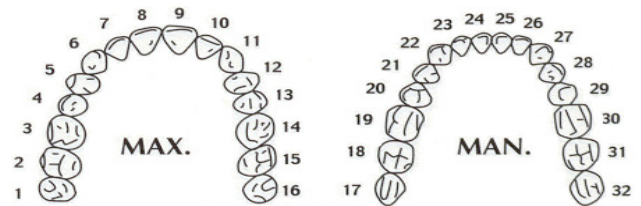
Staining instructions:



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