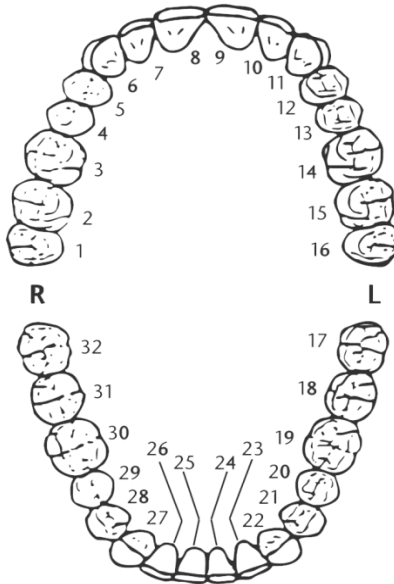


DR. \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ACCT # \_\_\_\_\_ TODAYS DATE \_\_\_\_\_ DUE DATE \_\_\_\_\_

 PATIENT \_\_\_\_\_  
 AGE \_\_\_\_\_  MALE  FEMALE  
 SHADE \_\_\_\_\_


\* STANDARD IF NOT SPECIFIED

- CUSTOM TRAY
- BITE BLOCK
- DIAGNOSTIC SETUP
- RESET TEETH
- PROCESS TO FINISH

**ENCLOSED WITH CASE**

- IMPRESSION
- MODELS
- BITE
- PHOTOS
- RETURN FOR TRY-IN
- OTHER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ LICENSE# \_\_\_\_\_

TERMS: Accounts are due and payable upon receipt. Your signature indicates personal guarantee of our warranty policies.

<b>DENTURES</b> <input type="checkbox"/> DENTURE <input type="checkbox"/> DENTURE/PARTIAL REPAIR <input type="checkbox"/> CLEAR <input type="checkbox"/> STANDARD		<b>DENTURE REINFORCEMENT</b> <input type="checkbox"/> METAL STRAP <input type="checkbox"/> MESH REINFORCEMENT
<b>METAL PARTIALS</b> <input type="checkbox"/> CHROME COBALT * <input type="checkbox"/> VITALIUM <input type="checkbox"/> HYBRID <input type="checkbox"/> VALPLAST <input type="checkbox"/> TCS	<b>FLEXIBLE PARTIALS</b> <input type="checkbox"/> VALPLAST <input type="checkbox"/> TCS	<b>NIGHT GUARDS / SPLINTS</b> <input type="checkbox"/> UPPER <input type="checkbox"/> LOWER <input type="checkbox"/> COMFORT (HARD / SOFT) <input type="checkbox"/> COMFORT (HARD) <input type="checkbox"/> SOFT SPLINT <input type="checkbox"/> BLEACH TRAY
<input type="checkbox"/> LAB SELECT <input type="checkbox"/> ESTHETIC DESIGN (VALPLAST / TCS / FRS) <input type="checkbox"/> METAL CLASP _____ <input type="checkbox"/> CLASP CHOICE _____ <input type="checkbox"/> TOOTH NUMBERS _____		<b>IMPLANT REMOVABLES</b> <input type="checkbox"/> LOCATOR OVER DENTURE / PARTIAL <input type="checkbox"/> BALL ABUTMENT OVER DENTURE / PARTIAL <input type="checkbox"/> HYBRID <input type="checkbox"/> DOLDER BAR <input type="checkbox"/> LOCATOR ON BAR _____ <input type="checkbox"/> OTHER _____
<b>TOOTH SELECTION</b> <input type="checkbox"/> STANDARD (INCLUDED AT NO ADD. CHARGE) <input type="checkbox"/> RESIN <input type="checkbox"/> COMPOSITE <input type="checkbox"/> BRAND _____		<b>ACRYLIC SHADE</b> <input type="checkbox"/> LIGHT * <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK <input type="checkbox"/> ETHNIC
<b>IN CASE OF TIGHT OCCLUSAL CLEARENCE</b> <input type="checkbox"/> SPOT OPPOSING <input type="checkbox"/> CALL		<b>TOOTH SET-UP</b> <input type="checkbox"/> IDEAL * <input type="checkbox"/> CHARACTERIZED <input type="checkbox"/> MATCH STUDY MODEL