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Quick Fill Rx:

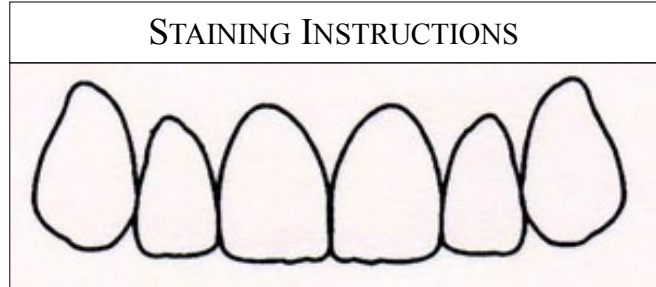
NOTE: This is a partial list of services

- PFM
- E.max
- Layered Zirconia
- Bruxer-Z-Crown
- FGC
- Cadent iTero
- Custom Abutment
- Implant
- Encode-BellaTek
- Surgical Stent

Doctor: _____ Date: _____

Patient: _____ ♂ ♀ Age: _____

Due Date: _____ Time: _____



Case Notes:

NOTE: Please send a study model on work involving anterior teeth

| | | |
|--|---|--|
| SHADE: | | STUMP: St= |
| <input type="checkbox"/> PORCELAIN OCCLUSAL | <input type="checkbox"/> METAL OCCLUSAL | <input type="checkbox"/> OTHER _____ |
| ENCLOSED WITH CASE <input type="checkbox"/> BITE <input type="checkbox"/> STUDY MODELS <input type="checkbox"/> PHOTOS <input type="checkbox"/> OTHER | OCCLUSAL STAINING <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK | INSTRUCTIONS FOR BUCCAL MARGIN <input type="checkbox"/> 360° METAL HAIRLINE OR ____ ON BUCCAL <input type="checkbox"/> METAL PROCELAIN JUNCTION MARGIN <input type="checkbox"/> FULL PORCELAIN BUTT MARGIN |
| DOCTOR TO TRIM DIES: <input type="checkbox"/> YES <input type="checkbox"/> NO | | CASE PAN # |

Signature: _____

License No: _____

This is your authority pursuant to provisions of Article II of the Dental Practice Act of the State of California to construct, alter or repair the dental restoration hereon. Terms: Net 30 Days, 1.67% service charge over 30 days, 20% per year. In addition, past due accounts are subject to \$45.00 late fee and liable for any attorney's fees

Thank You, we appreciate your business. VISA & MASTER CARD ACCEPTED.

Member CDA, ITI, NADL, CDLA, AO