

16737 Parkside Ave.
Cerritos, CA 90703



TEL. (714) 937-1563
FAX. (714) 978-3012

LAB USE ONLY	
ALLOY TYPE	SPECIAL INSTRUCTION :
Gold Weight : _____ dwt	

DR'S NAME _____ Phone # () _____
PLEASE PRINT CLEARLY

ADDRESS _____

Patient _____ Sex : M F Age : _____

Due Date : _____ / _____ / _____

* Please make sure that the due date is 1-2days before Pt's appointment date.

Porc. Fused to Metal	All Ceramic Crown	IMPLANT Abutment
<input type="checkbox"/> Bio 90 <input type="checkbox"/> Yellow Gold <input type="checkbox"/> White Gold <input type="checkbox"/> Semi-Precious <input type="checkbox"/> Non-Precious	<input type="checkbox"/> Lava <input type="checkbox"/> Essential <input type="checkbox"/> Porc. In/ Onlay <input type="checkbox"/> Ceramage In / Onlay <input type="checkbox"/> Ceramage	System _____ <input type="checkbox"/> Cement Type <input type="checkbox"/> Screw Type <input type="checkbox"/> Stock Abutment <input type="checkbox"/> Custom Abutment <input type="checkbox"/> Titanium <input type="checkbox"/> Zirconia (Hybrid) Margin Depth _____ <input type="checkbox"/> Transfer Jig
SHADE	CAD/CAM Full Contour	
	<input type="checkbox"/> IPS E.max <input type="checkbox"/> BruxZir	

Rx DESCRIPTION :

Collar Type			
<input type="checkbox"/> No Collar	<input type="checkbox"/> Lingual Only		
<input type="checkbox"/> MDL	<input type="checkbox"/> 360°		
Porc. Butted Margin			
<input type="checkbox"/> Buccal Only	<input type="checkbox"/> 360°		
If No Occ. Clearance			
<input type="checkbox"/> Metal Occ.	<input type="checkbox"/> Metal Island		
<input type="checkbox"/> Reduction Coping	<input type="checkbox"/> Spot Opposing		
Occ. Bite		Occ. Stain	
<input type="checkbox"/> in Occ.		Yes	
<input type="checkbox"/> 2 tape out		Light	
<input type="checkbox"/> Out of Occ.		No	
Contact	T	M	L
Pontic Design			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night Guard			
<input type="checkbox"/> Talon	<input type="checkbox"/> Hard / Soft		
<input type="checkbox"/> Hard	<input type="checkbox"/> Soft		

Signature : _____ Date : _____

* Term : All accounts are payable within 15 days of statement date. Accounts not paid within the stated terms will be subject to C.O.D. status and a late charge of 2% of the unpaid balance. After 60 days the late charge will increase to 15% and the account will be suspended. All cases will be put on hold at this point Price subject to change without notice