



DENTAL STUDIO

T: (847) 458-8282
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Today's Date: _____

Date Requested: _____

Time: _____ AM PM

Patient: _____

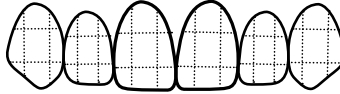


FPO

DR. _____ Shade: _____

PH. _____ Vita _____ Vita 3-D Master

Characterized Stains



PORCELAIN / METAL

- PFM Non-Precious
- PFM Semi-Precious
- PFM High Noble
- Captek

ALL METAL ALLOYS

- Yellow High-Noble (56% Au)
- Yellow Noble (41.7% Au)
- Yellow Noble (20% Au)
- White Noble (20% Au)
- Non-Precious Metal

ALL CERAMIC PRESSABLE

- Full Crown
- Inlay / Onlay
- Veneer

- Die trim
- Bisque bake Try-in
- Metal Try-in

ALL METAL

- Full Cast
- Cast Inlay / Onlay S.P.
- Post & Core

ALL CERAMIC

- BruxZir crown
- IPS e.max crown
- IPS e.max veneers
- Zirconia (porcelain over zirconia)
- Lava Zirconia

CONTACTS

- Normal
- Heavy & Broad
- Point

DR. _____ Dentist License No. _____

Signature of Dentist

TERMS: Net 30 day; 1-1/2% PER MONTH charged on accounts over 30 days, 18% PER YEAR.

I agree to pay reasonable attorney's fees and collection costs if this account is referred for collection.