

Doctor _____ Phone # : _____
PLEASE PRINT CLEARLY

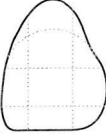
Address _____

Patient _____ Sex : M F Age : _____

Date : _____

Due Date : _____ / _____ / _____
*one day before seat appointment

SHADE :



PFM / ALLOY SELECTION


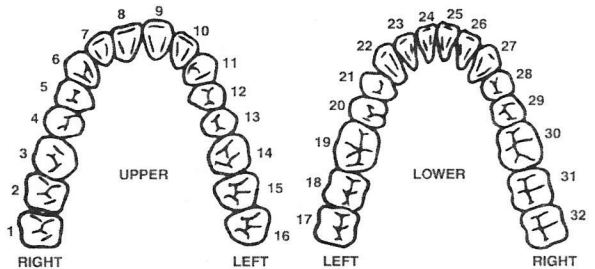
Non-Precious

Semi-Precious

High Noble White

High Noble Yellow

PONTIC DESIGN

Rx INSTRUCTIONS :

Dr. Signature : _____ D.D.S. License No. _____