

MATTHEW 11:28-30

**STANDARD  
RX**

TX Registration #01223  
KY Registration #L339  
SC Registration #394

2355 CENTENNIAL CIRCLE, GAINESVILLE, GA 30504-5799 U.S.A

Phone: (770) 534-4457 Fax: (770) 503-1173

DATE: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

DELIVER BY 5:00 PM ON:

Multi-Layered Porcelain Restorations	Cosmetic Restorations	Cast Restorations
Metal Occlusal <input type="checkbox"/> Porcelain Occlusal <input type="checkbox"/> Metal Band on Labiel <input type="checkbox"/> Porcelain Butt Joint <input type="checkbox"/> GOLD Butt Joint <input type="checkbox"/> GOLD <input type="checkbox"/> YELLOW <input type="checkbox"/> WHITE <input type="checkbox"/> Semi-Precious <input type="checkbox"/> Non-Precious <input type="checkbox"/>	<b>EMPRESS</b> <input type="checkbox"/> Crown <input type="checkbox"/> Veneer <input type="checkbox"/> Send Bonding Material <input type="checkbox"/> LAYERED <input type="checkbox"/> <b>CAPTEK</b> <input type="checkbox"/> <b>CONCEPT™ Inlay/Onlay</b> <input type="checkbox"/> <b>PROCERA®</b> <input type="checkbox"/> <b>LAVA™</b>	<input type="checkbox"/> Non- Precious (White) <input type="checkbox"/> Seni-Precious (White) <input type="checkbox"/> Gold Yellow 20% (Noble) <input type="checkbox"/> Gold Yellow 52% (Noble) <input type="checkbox"/> Gold White 40% (High Noble) <input type="checkbox"/> Gold Yellow 75% (High Noble) <input type="checkbox"/> Gold Yellow 83% (High Noble)
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>DIE TRIM BY DOCTOR</b></div> <div style="border: 1px solid black; padding: 2px;"><b>HAVE TECH CALL DOCTOR</b></div>	<b>MOLD:</b> <input type="checkbox"/> Rugged <input type="checkbox"/> Moderate <input type="checkbox"/> Feminine <input type="checkbox"/> DENTURE <input type="checkbox"/> Wax Try In <input type="checkbox"/> Process <b>PARTIALS</b> <input type="checkbox"/> Premium Plus <input type="checkbox"/> Bite Blocks <input type="checkbox"/> Esthetic Design <input type="checkbox"/> Standard <input type="checkbox"/> Custom Tray <input type="checkbox"/> Cusil <input type="checkbox"/> Economy <input type="checkbox"/> Immediate <input type="checkbox"/> Valplast® <input type="checkbox"/> Acrylic Partial <input type="checkbox"/> Rebase <input type="checkbox"/> Vitallium 2000 <input type="checkbox"/> Hydrocast Reline <input type="checkbox"/> Reline <input type="checkbox"/> Ticonium <input type="checkbox"/> Avoid Embarrassment Denture (A.E.D) <input type="checkbox"/> Frame Work Only	

**SHADE:**

**OTHER CASE NOTES:**

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**SIGNED DR.:** \_\_\_\_\_

**LICENSE #:** \_\_\_\_\_

**PHONE (    )** \_\_\_\_\_

All Accounts due and payable by the 10th of each month. Late charges of 1.5 % per month charged from the date due on amount unpaid over 30 days from date of statement. Customer agrees to pay the lab's cost of collection, including attorney's fes. Georgia law shall apply hereto.