



Dr's Name: \_\_\_\_\_

Pt. Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender  M  F

Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

## Type of Restoration

IPS Empress

e.max

Lava

Zirconia

PFM:

White High Noble

Yellow High Noble

Non-Precious

Full Cast:

White Noble

Yellow Noble

Impression

Opposing Model

Working Model

Study Cast

Bite

Shade

Facebow

Imp. Post

Analog

Articulator

Shade:

Inc. \_\_\_\_\_

Body \_\_\_\_\_

Ging. \_\_\_\_\_

### PORCELAIN TO METAL DESIGN

Porcelain Butt Margin \_\_\_\_\_ Yes \_\_\_\_\_ No



## Detailed Instructions

Dr's Signature \_\_\_\_\_ License Number \_\_\_\_\_

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Net amount of invoice is due within 30 days of statement; all balances beyond 30 days are subject to a finance charge of 1.5%. I agree to pay reasonable attorney's fees and collection costs if this account is referred for collection.