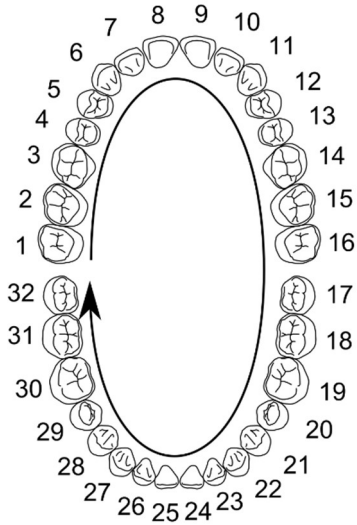




Fixed RX

Today's Date \_\_\_\_\_ Due Date \_\_\_\_\_ Time \_\_\_\_\_  
Doctors Name \_\_\_\_\_ Office Name \_\_\_\_\_  
Patient's Name First \_\_\_\_\_ Last \_\_\_\_\_  
Patient's Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_



Tooth # \_\_\_\_\_  
Incisal Shade \_\_\_\_\_  
Gingival Shade \_\_\_\_\_

Clinician Remarks: Zirconia  Emax  Gold  PFM

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enclosed with case:  Impressions  Models  Bite  Photos  Other: \_\_\_\_\_  
Has the case been disinfected? Yes \_\_\_\_\_ No \_\_\_\_\_

DR SIGNATURE \_\_\_\_\_ License Number \_\_\_\_\_

The Buyer agrees to pay all reasonable legal fees and expenses incurred by the Seller as a result at actions taken to enforce this agreement. Buyer also agrees to pay a late charge of 1.5% per month on all past due balances.