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Dr. \_\_\_\_\_ Date: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Due Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Shade: \_\_\_\_\_ Total Units: \_\_\_\_\_

CROWN & BRIDGE			
PFM		FCC	
Non-Precious	White Gold	Full Gold	
Yellow Gold	GoldTech 24k	Implant Crown	3/4 Inlay-Onlay

ALL-CERAMIC (CAD/CAM)		
Veneer	Ceramic Inlay-Onlay	Full Ceramic Crown (PJC)
	Cerec YZ Zirconia	e llusion™

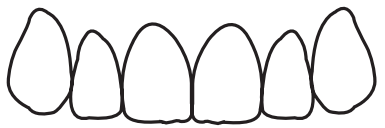
MARGIN DESIGN	AUXILIARY SERVICE
Metal Margin 360°	Surgical Stent
Standard Margin	Bio-Temp
Porcelain Margin	

METAL DESIGN	
<input type="checkbox"/> Coping with full porcine coverage	<input type="checkbox"/> Metal Collar
<input type="checkbox"/> Metal Occlusal Excl. Buccal Cusp	<input type="checkbox"/> 3/4 Metal Lingual
<input type="checkbox"/> Metal Occlusal Incl. Buccal Cusp	<input type="checkbox"/> 1/4 Metal Lingual

TERMS: Net 15 Days -- 2% Service Charge over 15 Days.  
 \*\* COST OF COLLECTION ON ANY ACCOUNT WILL BE PAID BY CUSTOMER \*\*  
 LIMITED WARRANTY: Artistic Smile Dental Studio expressly warrants that all dental prostheses are made according to your specifications. Subject to the return of a prosthesis that is placed and then fails, the lab will repair or replace the prosthesis without charge for the cost of materials and workmanship or refund the original price paid at the lab's option as follows: all final fixed prosthesis up to one year. The laboratory does not warrant that such prostheses are fit for any particular purpose and if such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery.

Rx

Note: Please send a study model on all work involving anterior teeth



Signature \_\_\_\_\_ License # \_\_\_\_\_ D.D.S. \_\_\_\_\_