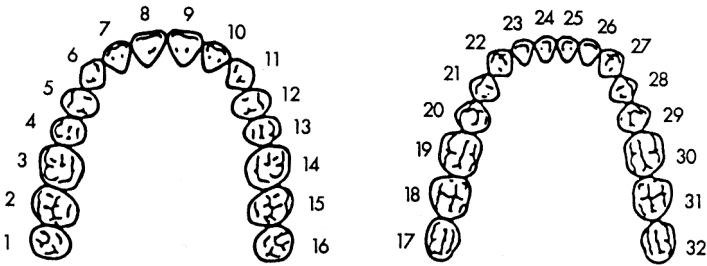


JOB # _____
DATE OUT _____
NUMBER OF UNITS _____

AESTHETIC • RECONSTRUCTIVE • IMPLANTOLOGY

DOCTOR _____ DATE WANTED _____
PLEASE DO NOT COUNT SATURDAYS, SUNDAYS, HOLIDAYS OR DAYS IN TRANSIT AS WORK DAYS.
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PATIENT _____ SEX _____ AGE _____

- ITEMS INCLUDED WITH CASE:** MASTER IMPRESSION (QTY.____) PRE-OPERATIVE MODELS
 OPPOSING IMPRESSION OR MODEL DIAGNOSTIC WAX-UP
 BITE REGISTRATION W/ STICK CROWN BITE REGISTRATION W/O STICK
 FACEBOW TRANSFER JIG (MANUFACTURER _____)
 MODEL OR IMPRESSION OF PROVISIONALS PHOTOS (QTY.____) SLIDES (QTY.____)
 MATRIX FOR DETERMINING BUCCAL-LINGUAL POSITION OF CENTRALS
 OTHER _____



RESTORATION SITES

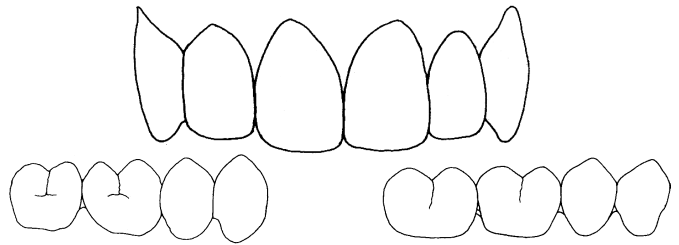
TERMS: ORDERS NOT PAID WITHIN 45 DAYS OF STATEMENT WILL BE PLACED ON C.O.D., PLUS 1/5 OF THE REMAINING BALANCE WITH EACH CASE DELIVERED THEREAFTER. THE DENTIST WILL BE RESPONSIBLE FOR ALL COLLECTION COSTS INCLUDING ATTORNEY'S FEES INCURRED IN THE EVENT THAT ACCOUNT COLLECTION BECOMES NECESSARY.

DENTIST'S SIGNATURE _____
LICENSE # _____ DATE _____

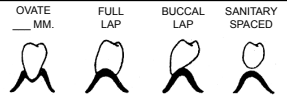
LAB USE ONLY
 INGOT _____
 OPAQUE _____
 DENTINE _____
 ENAMEL _____
 MIX _____

OFFICE: 480.391.7286
 FAX: 480.391.7290
 TOLL FREE: 1.800.900.8604

SHADE _____ STUMP _____

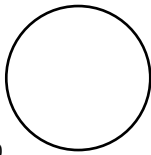


PONTIC DESIGN



CASE DESIGN:

CUSTOM SHADE _____
 PATIENT'S PHONE # _____ APPT. DATE _____

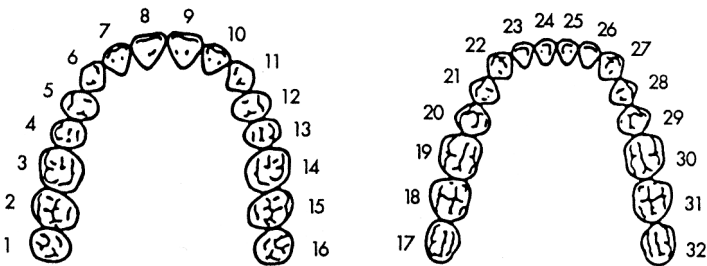


JOB # _____
DATE OUT _____
NUMBER OF UNITS _____

AESTHETIC • RECONSTRUCTIVE • IMPLANTOLOGY

DOCTOR _____ DATE WANTED _____
PLEASE DO NOT COUNT SATURDAYS, SUNDAYS, HOLIDAYS OR DAYS IN TRANSIT AS WORK DAYS.
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 MATRIX FOR DETERMINING BUCCAL-LINGUAL POSITION OF CENTRALS
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RESTORATION SITES

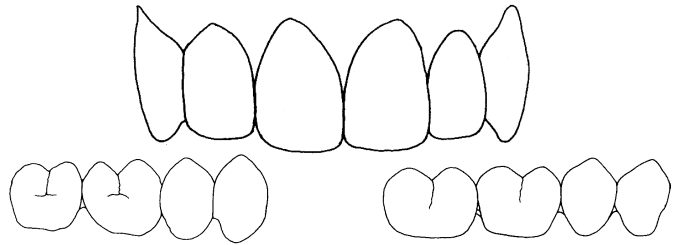
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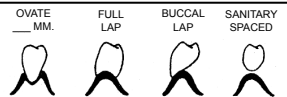
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