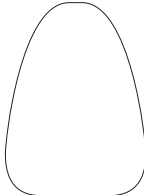




Defining Innovative Service and Aesthetics

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 Web <http://www.issaquah-dl.com>

Shade: 	Seat Date: <input type="checkbox"/> Metal Try In: <input type="checkbox"/> Bisque Try In: Lab Shade? <input type="checkbox"/> Yes Please call Lab for appointment
Occlusal Stain? <input type="checkbox"/> none <input type="checkbox"/> light <input type="checkbox"/> med <input type="checkbox"/> dark	

Dr: _____

Patient:	Age:	M	F
<input type="checkbox"/> Lava (Zirconia) <input type="checkbox"/> Procera	Tooth #		
<input type="checkbox"/> IPS EMPRESS <input type="checkbox"/> IPS e.max Stump Shade			
<input type="checkbox"/> Sinfony <input type="checkbox"/> Sinfony on Fiber Frame			
<input type="checkbox"/> PFC/PFM <input type="checkbox"/> N.P. <input type="checkbox"/> Semi Precious <input type="checkbox"/> White Precious <input type="checkbox"/> Yellow Precious <input type="checkbox"/> Captek <input type="checkbox"/> Bio Y			
<input type="checkbox"/> Porcelain Butt Margin(s) <input type="checkbox"/> 360 Porcelain Butt Margin			

<input type="checkbox"/> 360° Metal Collar(s) Size: _____	<input type="checkbox"/> Metal Occlusal
<input type="checkbox"/> Lingual Collar(s) only Size: _____	<input type="checkbox"/> No Metal to Show

Temporary Crown

Diagnostic Waxup

Gold: Full, Inlay, Onlay (Type II or Type III?)

Night Guard

Return For Die Trim

Rx _____

Discount if paid by the 10th or Net 30 days. Payment is due upon receipt of statement. All past due statements are subject to a finance charge. Cost of collection of any account will be paid by the customer. Any dispute of the account shall be governed by, construed and enforced in the State of Washington in accordance with the laws of the State of Washington. Your signature is acceptance of these terms, both corporately and personally.