


Dr: Phone #:

Address: Email:

Patient: Age: Gender: M F

Date: Return date:

DESIRED SHADE:



PRODUCTS

IPS E.MAX Layered IPS E.MAX Full Contour

Zirconia (Micro Layered) Zirconia (Fully Layered)

PMMA Other:

Pink Tissue

ABUTMENTS

Hibrid (Ti Base)

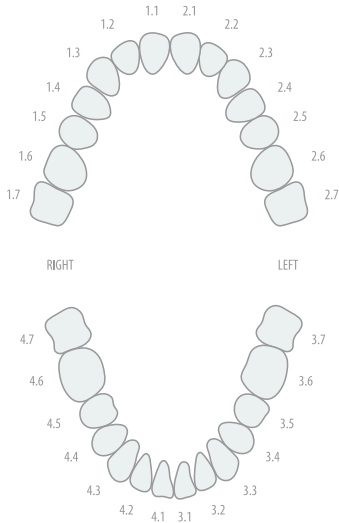
Full Zirconia (Zr. Base)

PMMA (Temporary)

Other:

TOOTH #:

NOTES:



Doctor Signed: Date:

Please send more RX's. Please send more way bills. If this is a cosmetic case check this box so we can apply GST as per CRA requirements.

Payment is due upon receipt of the statement. Any payment or portion therefore not received within 21 days of the statement is subject to a 1.5% per month service charge on outstanding unpaid balance until payment is receive in full. Your signature is acceptance of these terms. Each prescription must be completed and signed.