

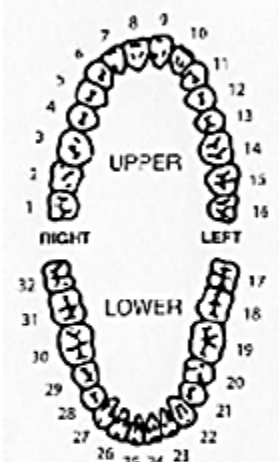
Date: \_\_\_\_\_

Doctor: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date Wanted: \_\_\_\_\_ Appointment Date/Time: \_\_\_\_\_

Instruction: \_\_\_\_\_



Shade: \_\_\_\_\_

<b>SMALL LABIAL OR BUCCAL BAND OF GOLD</b> <input type="checkbox"/> Yes <input type="checkbox"/> Only if necessary <input type="checkbox"/> No	<b>CHARACTERIZED STAINING (Diagram)</b>  Guide Enclosed <input type="checkbox"/>
<b>RIDGE RELIEF</b> <input type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Med. <input type="checkbox"/> Heavy	<b>PONTIC DESIGN</b> <input type="checkbox"/> Metal Occ.    Stein    Point Contact    No Contact <input type="checkbox"/> Porcelain Occ.
<b>CONTACTS:</b> <input type="checkbox"/> Open <input type="checkbox"/> Closed	 CIRCLE DESIRED DESIGN

Signature: \_\_\_\_\_ License #: \_\_\_\_\_

TERMS: ACCOUNTS ARE NET CASH 14TH OF MONTH FOLLOWING PURCHASE. IF NOT PAID IN 15 DAYS, SUBJECT TO 1.5% FINANCE CHARGE PER MONTH OF UNPAID BALANCE. IF NOT PAID IN 60 DAYS - ATTORNEY FEES, COST OF COLLECTION AND CONTINUING INTEREST SHALL BE ADDED.

PAN #	PAN CLR	CASE #
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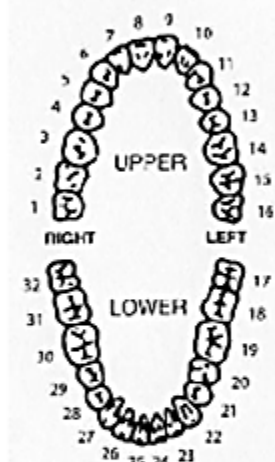
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