

ZIP CODE:

DR. NAME:			DUE DATE:	
E-MAIL:			LICENSE #:	
PATIENT NAME:			ACCOUNT #:	
☐ CALL DOCTOR	REGARDING CASE PLEASE	E SEND MORE LAB SLIPS	□ Z-Glass HIGHT	RANSLUCENCY ZIRCONIA
(0)			CUBIC	
£(1)			☐ IPS e.max®	
			FULL ZIRCONIA	
			☐ FULL CROWN	□ VENEER
TIONS			☐ INLAY / ONLAY	□ POST
NSTRUK			STAIN	
TEAR I			□ NONE □ ME	DIUM DARK
PLEASE WRITE CLEAR INSTRUCTIONS			CONTACT	
LEASE			☐ TIGHT ☐ NO	RMAL LOOSE
			OCCLUSAL	
SIGNATURE:	DATE:	,	☐ TIGHT ☐ NO	RMAL LOOSE
If within the-Warranty period the product proves defective in circu The Warranty becomes null and void if patient does not receive the product Warranty.	provided. g is unclear we will contact you.	rge by DigiDent Dental Art Technology. The Warranty do al health problems. Damage caused by physical trauma	es not cover any defect arising from incorrec or impact (for instance due to high risk spor	t prescription or fitting. ts) is specifically excluded from our
Terminated cases, for any reason, will not be refunded and must be We will request a new impression in cases where the original impr When a remake is required, both original and remake cases will be When sending a case back for alterations or to be remake, please so Once work has been cemented, it is considered 'bought' and must! Remake cases will be charged if restorations fit the original model, but not the	e paid for, unless terminated before the start of manufacture. ression contains fabe and/or inaccurate information. If the prescribi e charged if the remake instructions and/or preparation differs from send back the original impressions, models and restoration as well a be paid for.	the original case. as new impressions if required. Failure to do so will resul	t in the case being treated as a new case, an	d both will be charged for.
CREDIT CARD IN	NFORMATION:	PAYMENT METHOD:	□ VISA □	Assir/Card
FULL NAME:	*	CREDIT CARD NUMBER:		
STREET ADDRESS:		EXPIRATION DATE:	1	

CARD SECURITY CODE: