

REC	DIS	PREP	PREPD	DIE	WAX	WAX	FIN	OP	B	G	POL	ETCH	DENTURE	SHIPPING	
Pan #	Rec Date			<input type="checkbox"/> B	<input type="checkbox"/> M	<input type="checkbox"/> Part	<input type="checkbox"/> BP	<input type="checkbox"/> CKB	<input type="checkbox"/> S/M	<input type="checkbox"/> Dent	<input type="checkbox"/> Art	<input type="checkbox"/> I	<input type="checkbox"/> C/M	<input type="checkbox"/> BB	<input type="checkbox"/> Photo
				<input type="checkbox"/> O	<input type="checkbox"/> CRN/COP	<input type="checkbox"/> B/F	<input type="checkbox"/> _____								
Case #				Inv #											



DENTAL LABORATORIES, INC.

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Chicago, Illinois 60602

www.artisticdl.com

Doctor _____ Phone _____

Address _____

City _____ ST _____ ZIP _____

Patient's Name _____ Age _____ Male ___ Female ___

Delivery by 5 P.M. on

Shade _____

CROWN OPTIONS

CERAMICS

- EZ Solid Zirconia
- EZ Micro Zirconia
- LiSi
- Emax
- Bruxzir Solid Zirconia

LAYERED CERAMICS

- Zr Layered
 - LiSi Layered*
 - Emax Layered*
- * No Bridges

PFM

- High Noble
- Noble
- Base

FULL CAST METAL

- Yellow Noble
- Yellow High Noble
- White Noble
- White High Noble
- Base

Articulator

Net amount of invoice is due within 30 days of receipt of order. All balances beyond 30 days are subject to a 2% Late Fee per month not to exceed 24% per year. I agree to pay reasonable attorney fees and collection costs if this account is referred to collection.

Doctor signature _____ Lic. no. _____

Please indicate Teeth involved:

Single Tooth #(s) _____

Splinted Tooth #(s) _____

Pontic Tooth #(s) _____

