

DAN'S DENTAL STUDIO, INC.

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 4214 Clear Spring Dr. | San Antonio, TX 78217

Texas State Registration #01672

DOCTOR'S NAME _____ DATE _____

PATIENT'S NAME _____ AGE _____ M F

SHADE _____ DATE REQUIRED* _____

TRYIN FINISH

* CASE WILL BE DELIVERED BY 5:00 P.M. ON THE DATE REQUESTED

PLEASE INDICATE TEETH TO BE RESTORED: FULL CAST PORCELAIN SPLINTS

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

DO YOU PREFER:

- PROCERA
- GRAMM GES
- PORCELAIN / METAL
- OPC-3G
- FULL CAST
- FORTRESS ALL PORCELAIN

DO YOU NEED:

- RX PADS
- BOXES
- MAILING LABELS

OCCLUSAL SURFACE:

- METAL
- PORCELAIN

OCCLUSAL STAINING:

- LIGHT
- MEDIUM
- HEAVY

OPPOSING TEETH TO BE RESTORED:

- YES
- NO

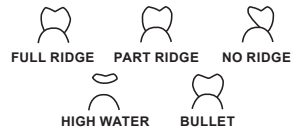
BUCCAL MARGIN:

- PORCELAIN
- METAL BAND
- PORCELAIN BUTT MARGIN

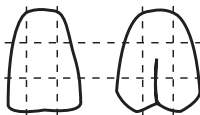
METAL:

- PRECIOUS
- SEMI-PRECIOUS
- NON-PRECIOUS

PONTIC DESIGN:



REMARKS: PLEASE ENCLOSE STUDY MODELS AND BITES



DR. SIGNATURE _____

LICENSE NO. _____

TERMS: ACCOUNTS ARE DUE AND PAYABLE ON THE 10TH OF EACH MONTH. A 1.5% SERVICE CHARGE WILL BE ADDED ON THE 1ST DAY OF THE FOLLOWING MONTH. ALL LEGAL COSTS AND COLLECTION FEES WILL BE ADDED TO DELINQUENT ACCOUNTS. YOUR SIGNATURE INDICATES AGREEMENT OF THESE TERMS. ALL FEES AND DUES ARE PAYABLE IN BEXAR COUNTY, SAN ANTONIO, TX.