



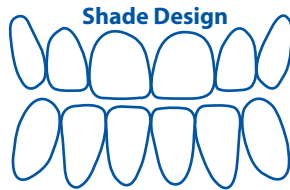
**10609 North Park Avenue
Indianapolis, IN 46280
(317) 733-8618
Toll Free: (866) 586-4336**

Dr. _____
Street: _____
City: _____ State: _____ Zip: _____
Phone #: _____
Patient: _____ Male Female
Due Date: _____ by 5:00pm

<input type="checkbox"/> FULL CAST <input type="checkbox"/> High Noble (yellow) <input type="checkbox"/> Noble (yellow) <input type="checkbox"/> Noble (white) <input type="checkbox"/> Non-precious	<input type="checkbox"/> PORCELAIN TO METAL <input type="checkbox"/> High Noble (yellow) <input type="checkbox"/> High Noble (white) <input type="checkbox"/> Noble (white) <input type="checkbox"/> Non-precious <input type="checkbox"/> Porcelain Butt Margin	<input type="checkbox"/> METAL FREE <input type="checkbox"/> Zirconia <input type="checkbox"/> Empress <input type="checkbox"/> Eris <input type="checkbox"/> Laminate/Veneer				
PONTIC DESIGN _____ 		If NO Occlusal Clearance <input type="checkbox"/> Metal Occlusion/Stop <input type="checkbox"/> Reduction Coping <input type="checkbox"/> Adjust Opposing				
METAL MARGIN DESIGN _____ Anterior Posterior						
		<table border="1"> <tr> <th>Tooth #</th> <th>Shade</th> </tr> <tr> <td colspan="2" style="text-align: center;">Shade Guide</td> </tr> </table>	Tooth #	Shade	Shade Guide	
Tooth #	Shade					
Shade Guide						

Promo Code _____

Notes:



Signature _____ License# _____

Return the white and yellow copies with the case. Retain the pink copy for your file.



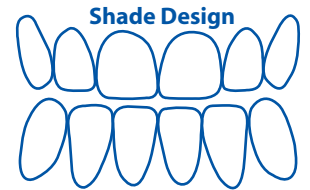
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