

Pan #	Rec Date	<input type="checkbox"/> B <input type="checkbox"/> CKB <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> Screw	<input type="checkbox"/> M <input type="checkbox"/> S/M <input type="checkbox"/> C/M <input type="checkbox"/> CRN/COP <input type="checkbox"/> Abut	<input type="checkbox"/> Part <input type="checkbox"/> Dent <input type="checkbox"/> BB <input type="checkbox"/> B/F <input type="checkbox"/> Analog	<input type="checkbox"/> BP <input type="checkbox"/> Art <input type="checkbox"/> Photo <input type="checkbox"/> _____
Case #		Inv #			



470 Woodcreek Drive, Bolingbrook, IL 60440
 (T) 630.679.8686 (F) 630.679.8680
www.artisticdl.com

Doctor _____ Phone _____

Address _____

City _____ ST _____ ZIP _____

Patient's Name _____

Please indicate Teeth involved:

Single Tooth #(s) _____

Splinted Tooth #(s) _____

Pontic Tooth #(s) _____

Delivery by 5PM on:

Shade:

SOLID ZIRCONIA

- ☐ EZ 1200 (Bruxzir) 1200MPA
- ☐ EZ High Translucent 1000 MPA (High Esthetics)
- ☐ EZ Mono Zr 1200MPA (Monolithic (1) Shade only)

LITHIUM DISILICATE

- ☐ EZ Mono CAD (LiSi)
- ☐ Emax Monolithic >470MPA

LAYERED CERAMICS

- ☐ Layered Zr
- ☐ Porcelain on LiSi
- ☐ Porcelain on Emax

PFM

- ☐ Base
- ☐ Noble

FCC

- ☐ Base
- ☐ Noble Yellow
- ☐ High Noble Yellow

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. _____

