

FIXED


PREMIER DENTAL ARTS
 Premier Service, Premier Products

PLEASE SEND

RX BOOK
 SHIPPING LABEL
 BOXES

DOCTOR _____

PATIENT _____

PHONE _____ M F AGE _____

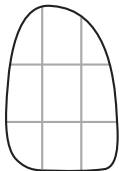
TODAY'S DATE _____ DATE DUE _____

IF NO DUE DATE IS ASSIGNED, A STANDARD DUE DATE WILL BE SCHEDULED

ALL CERAMIC	PFM	FULL CAST
<input type="checkbox"/> ZIRCONIA <input type="checkbox"/> PRESS CERAMIC <input type="checkbox"/> LAYERED <input type="checkbox"/> SOLID	<input type="checkbox"/> NOBEL <input type="checkbox"/> NP	<input type="checkbox"/> 52% <input type="checkbox"/> 20% <input type="checkbox"/> WHITE

IMPLANTS	IMPLANT ADDITIONAL	IMPLANT INFORMATION
<input type="checkbox"/> CUSTOM ABUTMENT <input type="checkbox"/> STOCK ABUTMENT	<input type="checkbox"/> CEMENTABLE <input type="checkbox"/> SCREW RETAINED <input type="checkbox"/> GOLD HUE	REQUIRED IMPLANT BRAND _____ PLATFORM SIZE _____

SHADING	SHADE (VITA) _____ STUMP SHADE _____ REQUIRED FOR ALL CERAMIC
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CALL ME...before proceeding with case.

DR. SIGNATURE _____ **LICENSE NO.** _____

By signing you agree to our full payment terms located in our price book. Payment is due in full on the 1st of the following month. Accounts not paid in full by the end of the following month are subject to a 2% finance charge. Early payment discount available.

100 MUSSELMAN PRIVATE DR KINGSFORT, TN 37663 423.239.3686