

**REMOVABLE**

**PREMIER DENTAL ARTS**  
Premier Service, Premier Products

PLEASE SEND

- RX BOOK
- SHIPPING LABEL
- BOXES

DOCTOR \_\_\_\_\_

PATIENT \_\_\_\_\_

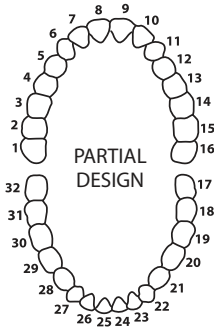
PHONE \_\_\_\_\_ M F AGE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_ DATE DUE \_\_\_\_\_

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

DENTURES	PARTIAL	NIGHT GUARDS
<input type="checkbox"/> PREMIUM DENTURE <input type="checkbox"/> ECONOMY DENTURE	<input type="checkbox"/> CAST <input type="checkbox"/> FLIPPER <input type="checkbox"/> ACRYLIC <input type="checkbox"/> FLEX	<input type="checkbox"/> HARD <input type="checkbox"/> HARD/SOFT <input type="checkbox"/> THERMOFIT

IMPLANT PROSTHETIC	
<input type="checkbox"/> ACRYLIC HYBRID <input type="checkbox"/> OVER-DENTURE	<input type="checkbox"/> SCREW RETAINED ZIRCONIA <input type="checkbox"/> BAR <input type="checkbox"/> ATTACHMENT



<b>SHADING</b>	SHADE _____
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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