Artisan Dental Laboratory 2532 SE Hawthorne

FIXED

Doctor	Patient
Address	Age M 🗔 F 🗔
City State	Zip Due Date ☐ Express Service (Add'l Fee)
Phone ()Dat	Cases will be delivered by 5:00pm on due date
ALL CERAMIC RESTORATIONS	FinishBisque try-inFrame try-in
Full Contour Zirconia Z360 (Standard) Cutback + Layered Monolithic STZ (Super Translucent Zirconia)	Porcelain to Metal Porc.to High Noble (white) Porc.to Noble (white) Porc.to High Noble (yellow) Porcelain Butt Margin
SRZ 360 Porcelain to Zirconia Layered Z360 (Standard) SRZ 360 Layered Shade ND □ Stump/ Prep Shade ST □	Metal Design for PFM (Circle One) **ADL Standard Pontic Design Metal or Porcelain (Circle One) ADL Standard
Occlusal Contact In Occlusion (Drags Shimstock) 0.2mm Out of Occlusion (Standard)	Full Gold Crowns Yellow Gold High Noble Noble White Gold available by request (PFM Alloy)
Please call me Photos se	ent to: photos@artisandental.com
☐ Implants: Use only OEM parts. Additi	onal charges may apply.

Rx Number: ___ Terms: Net 30 days. Late charge: A penalty for late payment of 1 3/4% per month (21% per annum) will be added to all accounts 30 days past due.

Please Send	
☐ Rx (Fixed)	☐ Rx (Removable)

Doctor Signature _____ □ Boxes □ Mailing Labels License Number