

Doctor \_\_\_\_\_ Due Date \_\_\_\_\_

Patient \_\_\_\_\_ Male  Female

Empress  Emax cad/cam  Porcelain To Zirconia Prep. Shade \_\_\_\_\_  
 Emax Pressed Shade \_\_\_\_\_  
 Implant  Components enclosed  Custom abutment Custom Shade \_\_\_\_\_  
0 Type: \_\_\_\_\_  Metal 0 Zirconia

D Porcelain to Metal  Full Gold Crown

Metal  high noble  noble  
Occlusion  metal  porcelain  
Margins  porcelain to metal  porcelain margin  
0 metal band  360 porcelain margin

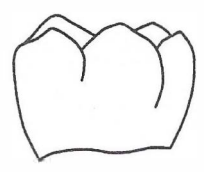
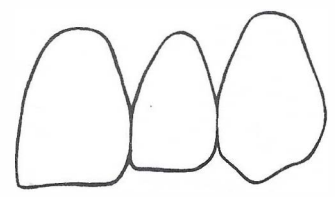
Opposing teeth to be restored? Dyes  no

Please enclose 0 photos 0 study model 0 bite registration

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

D Please Call Me Regarding this Case.

Notes:



**Term:** Accounts are due and payable upon receipt of monthly statement. All accounts not paid by the 12th day of the month, following the statement date, are subject to a service charge of 1.5% per month (18% per annum) on the unpaid balance. Accounts not paid within these credit terms will be subject to C.O.D. status. Client pays in full the stated price of the good, plus any service charge, plus all cost of collection including attorney fees, court cost and other reasonable expense. by signing here the doctor is agreeing to pay interest as set out herein.

Prep Date \_\_\_\_\_ Dr. Signature \_\_\_\_\_ License# \_\_\_\_\_

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