1-800-392-7007
IN U.S.A.

Rx

CHOATE CERAMIC LAB

P.O. BOX 1890
CONROE, TEXAS 77305-1890
STATE LICENSE #311

TEL. 936-539-1858
CONROE

DATE _____

DR. _____

PATIENT _____

APPOINTMENT DATE _____

IMPLANT
Custom Abutment
☐ Zirconia
☐ Titanium

SCREW RETAINED
☐ Yes ☐ No

CAST CROWN
☐ High Nobel (Gold Hue)
☐ Nobel (Rosy Yellow)
☐ Nobel (Silver Palladium)

PORCELAIN METAL
☐ High Nobel
☐ Nobel
☐ Base

OTHER
☐ Emax
☐ Full Contour Zirconia
☐ Layered Zirconia

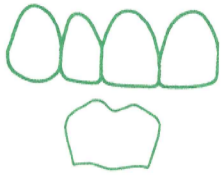
ITEMS SENT TO LAB:

☐ IMPRESSION
☐ WORKING MODEL
☐ OPPOSING MODEL
☐ STUDY MODEL
☐ BITE
☐ CROWN WITH CASE
☐ SHADE GUIDE
☐ PHOTO
☐ ARTIC. #_____

INDICATE CHARACTERIZATION IF ANY

SHADE: _____

STUMP SHADE: _____



OCCL STAIN:
☐ NONE
☐ LIGHT
☐ MEDIUM
☐ DARK

BUCCAL MARGIN DESIGN

☐ METAL-PORCELAIN JUNCTION MARGIN

☐ PORCELAIN BUTT MARGIN

IF INSUFFICIENT OCCLUSAL CLEARANCE

☐ METAL OCCLUSAL ☐ REDUCTION COPING ☐ REDUCE OPPOSING

TOOTH NUMBER: _____

INSTRUCTIONS: _____

_____

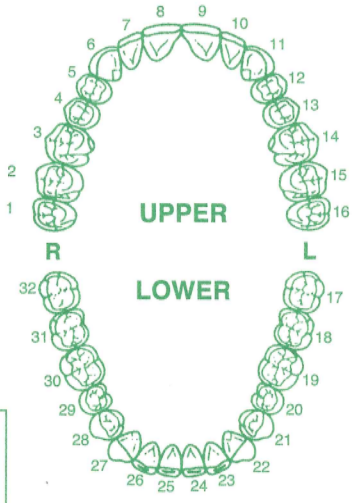
_____

_____

CALL DOCTOR ☐ _____

SIGNATURE: _____

LICENSE #: _____



Payment is due by the 10th of the month after receipt of statement. Past due balance will accrue interest at the rate of 1.5% per month. All payments due under this agreement are due at the address above and any dispute shall be resolved by a court of competent jurisdiction in Montgomery County, Texas. In the event of a dispute, you agree to pay reasonable attorney's fees and cost incurred by us. You further agree that your signature constitutes your acceptance and personal responsibility to the terms and conditions contained herein.