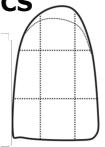
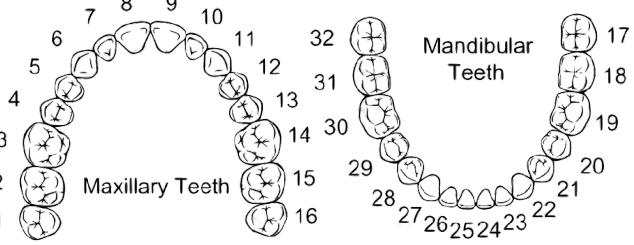


DOCTOR INFORMATION		PATIENT INFORMATION	
Dr. Name: _____		First Name: _____	
Practice Name: _____		Last Name: _____	
License #: _____		Age: _____	Sex: M F
ZIRCONIA RESTORATION	SHADE CHARACTERISTICS		DUe DATE:
<input type="checkbox"/> Full Zirconia (bruxZir) <input type="checkbox"/> Full Esthetic Zirconia <input type="checkbox"/> Zirconia Layered Porcelain	Tooth Shade: _____		
	Tooth Number: _____		
ALL-CERAMIC RESTORATION	DOCTORS INSTRUCTIONS		
<input type="checkbox"/> E.Max <input type="checkbox"/> E.Max Layered Porcelain			
FULL CAST RESTORATION			
<input type="checkbox"/> Gold Crown (2%) <input type="checkbox"/> Gold Crown (50%) <input type="checkbox"/> Base Metal (Non-Precious)			
OTHER			
<input type="checkbox"/> Porcelain Fused to Metal <input type="checkbox"/> Diagnostic Wax Up <input type="checkbox"/> Nightguard/Splint <input type="checkbox"/> Essix Retainer			
IMPLANTS			
Implant System: _____			
Implant Diameter: _____ mm			
<input type="checkbox"/> Titanium Abutment <input type="checkbox"/> Gold Hue Titanium <input type="checkbox"/> Zirconia Abutment <input type="checkbox"/> Parts Provided <input type="checkbox"/> Stock Abutment			
SELECT TYPE:			
<input type="checkbox"/> Screw Retain <input type="checkbox"/> Cement <input type="checkbox"/> Screwmentable			
	Dr. Signature: _____		Date: _____

Signing this authorization accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of a suit, including reasonable fees and finance costs. Invoices not paid within 30 days of statement are subject to service charge of 2% per month. Costs collections will be paid by the customer. Accounts with balances over 60 days are subject to being placed on C.O.D. basis. This contract performable in Brazos County, Texas. In the event of a dispute, parties agree venue will be Brazos County.

