

RESTORATIONS

PORCELAIN TO GOLD Tooth# _____

- Porcelain to High Noble White _____
- Porcelain to Noble - Flat Fee _____

ALL CERAMIC - Flat Fee Tooth# _____

- Zirconium Crown _____
- FZR w/Porc. Facial _____
- FZR Monolithic _____
- e.max Porcelain Crown/Veneer _____
- e.max Porcelain Inlay/Onlay _____

* Please provide stump shade for anteriors

CAST GOLD Tooth# _____

- High Noble Yellow - Standard _____
- Noble - Flat Fee _____

OTHER Tooth# _____

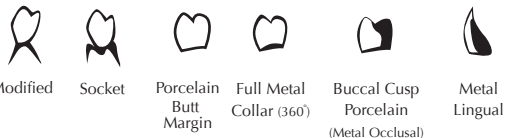
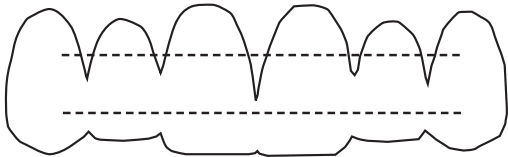
- Diagnostic Wax-up _____
- Provisional Matrix _____

**PLEASE USE INSTRUCTIONS AREA
FOR ALL OTHER PRODUCTS AND DETAILS**

Shade Desired * Stump Shade
(All Ceramic Restorations)

DIGITAL PHOTOS / SHADES
email: frontdesk@pdacolorado.com

SPECIAL CHARACTERIZATION MAP



1408 Horizon Avenue
Lafayette, CO 80026

Phone: 303.494.2118
Fax: 303.494.1766

DOCTOR

ADDRESS

PHONE

DELIVERY DATE _____

PATIENT NAME _____

Male Female Age _____

RESTORATION INSTRUCTIONS

INSTRUCTIONS CONTINUED

Payment is due upon receipt of statement. Total statement amount due by the 15th of the month.
All past due invoices will be subject to a finance charge. The undersigned is responsible
both corporately and personally. Your signature is acceptance of these terms.

Dr's Signature _____

License# _____

Date _____