

Dr. _____

Pt. _____
(First Name) (Last Name)

Due Date: _____

Tooth Shade _____ Mould _____



Full Service Dental Laboratory

1215 S. Escondido Blvd, Ste. B
Escondido, CA 92025

Phone: (760) 745-6447

Fax: (760) 743-1925

www.centrecitydental.com

info@centrecitydental.com

scan@centrecitydental.com (digital files)

Removable

- Bite Block
- Cast Chrome Partial
- Custom Tray
- Finish Denture/Partial
- Flexible Clear Clasp
- Flexible Partial
- Implant Stent (Surgical)
- Night Guard (Brux-eze)
- Night Guard (Rem-e-deze)
- Night Guard (TMJ Splint)
- Ortho Appliance
- Reline/Repair
- Set-Up Denture/Partial
- Stayplate (Flipper)
- Wire/Ball Clasp

RX Instructions:

Fixed

All Ceramic

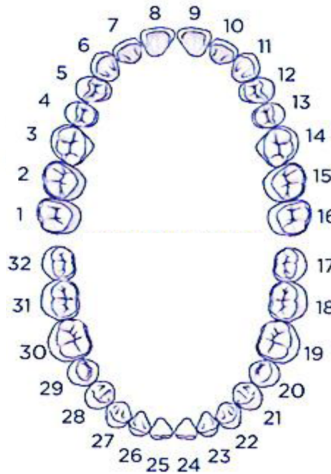
- Zirconia
- E.Max
- Veneers

Porcelain to Metal

- High Noble
- Semi-Precious
- Non-Precious
- Porcelain Margin (180° or 360°)
- Metal Collar (Lingual)
- Metal Collar (360°)
- Metal Lingual
- Metal Occlusal
- Gold Crown

Implant

- Titanium Abutment
- Cement Retained
- Screw Retained
- Hybrid Bar
- Titanium Bar



X _____ License # _____ Date: _____
Doctor's Signature

Cost of collection of any account will be paid by the customer. Terms: net 30 days: 2% service charge over 30 days..