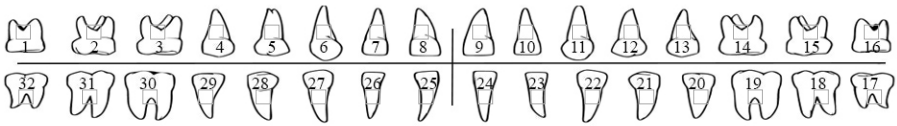
PLYDENT
Dental Laboratory

6134 N. Milwaukee Ave. Unit D
Chicago, IL 60646
Lab: 773-357-6339
www.plydent.com
support@plydent.com

Doctor: _____ Today's Date: ____ ___ ____
Address: _____ Tel : ____ ___ ____
Patient: _____ M☐ F☐ Date Req: ____ ___ ____



PFM
- ☐ Yellow Gold 90%
- ☐ White Gold
- ☐ Semi-Precious
- ☐ Non- Precious
- ☐ Post & Core

Shade:_____Stump Shade _____

Special Instructions:

Metal Design
- ☐ Lingual Collar
- ☐ 360 Metal Collar
- ☐ Porc. Butt Margin
- ☐ 360 Butt Margin
- ☐ Metal Occlusal
- ☐ Rest Porc./Metal

All Ceramic
- ☐ Inlay/ Onlay
- ☐ Veneer
- ☐ BruxZir
- ☐ Zirconia
- ☐ Emax
- ☐ Composite

Implant Design
- ☐ Custom Abutment
  - ☐ Zirconia
  - ☐ Titanium
  - ☐ Gold
  - ☐ Cementable or Screw Retained
- ☐ Modified Abutment
  - ☐ Implant parts enclosed ☒Yes ☐No
- ☐ Solid Abutment

Special Instruction
- ☐ Trim Opposing If Not Enough Clearance
- ☐ Please Call Before Starting
- ☐ Diagnostic Wax-up
- ☐ Metal Try-in

Occlussion
- ☐ No Ocl.
- ☐ Light
- ☐ Medium
- ☐ Heavy

Auth. Signature :_____ License # _____

TERMS: Net 30 days; 1-1/2% PER MONTH charged on accounts over 30 days, 18% PER YEAR.
I agree to pay reasonable attorney's fees and collection cost if this account is referred for collection.

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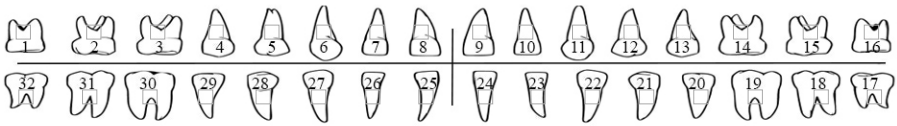

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