

CASE #: _____



10830 19th Ave SE
Suite B, Everett, WA
98208 425.971.1634

DYNAMIC DENTAL ARTS

Type of Fixed Restoration

- PFM
- FGC
- Feldspathic
- Gold Inlay/Onlay
- Diagnostic Wax-up
- Zirconia High Strength
- Zirconia High Trans
- Emax

Type of Metal

- High Noble (Precious)
- Noble (Semi Precious)
- Yellow Ceramic
- Type II
- Type III

Type of Occlusal Surface

- All Porcelain
- Metal Island
- 2/3 Metal
- Full Metal

Type of Buccal Margin

- Porcelain Shoulder (Butt)
- Disappearing Margin
- Metal _____

Type of Lingual Margin

- Disappearing Margin
- Metal _____

Miscellaneous

- Pink Tissue Composite
- Mount on Semi-Adjustable Articulator

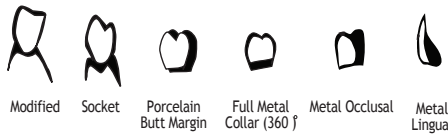
Due Dates

Wax-Up Date _____

Try In Due _____

Ceramist Consult _____

- Lab To Take Custom Shade



Payment is due upon receipt of statement.
Total statement amount due Net 15 days.
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 _____

DanHenryDDA@gmail.com

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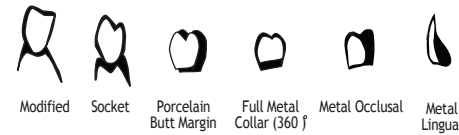
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DR. NAME: _____ RX DATE: _____

PATIENT NAME _____

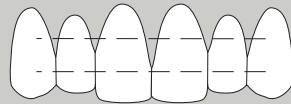
LAB DELIVERY DATE _____

Tooth # _____

MALE FEMALE AGE _____

Shade Desired _____ Stump shade _____

SPECIAL CHARACTERIZATION MAP



ENCLOSED PHOTOS CD MEMORY CARDS

RESTORATION INSTRUCTIONS _____

DR. NAME: _____ RX DATE: _____

PATIENT NAME _____

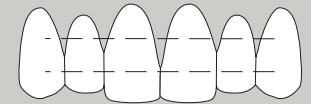
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