

RX Customer's Name/Account _____

Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

Patient's Name _____ Date of RX ____/____/____

REQUIRED Shade _____ Tooth #(s) _____ ☐ Crown ☐ Bridge**ALL CERAMIC CROWNS**

- ☐ Full Zirconia..... **\$49**
- ☐ Layered Zirconia..... **\$59**
- ☐ e.max..... **\$59**

Notes: _____
_____**METAL CROWNS**

- ☐ Non-Precious PFM..... **\$49**
- ☐ Semi-Precious PFM..... **\$59***
- ☐ NP Full Cast..... **\$39**
- ☐ SP Full Cast..... **\$59***
- ☐ Y+2% Gold..... **\$89**

Signature _____ License Number _____ OB16DECOD_EB

Any adjustments needed for clearance will be made with the model marked and noted. *Includes 1 gram of alloy.

Must have a credit card on file or include a check with each case
for the restoration amount plus \$14 for inbound shipping if you use our label.**Turnaround Time - 7 Business Days In Lab | ACCEPTING FILES FROM ANY DIGITAL SCANNER | FREE Return Shipping****RX** Customer's Name/Account _____

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