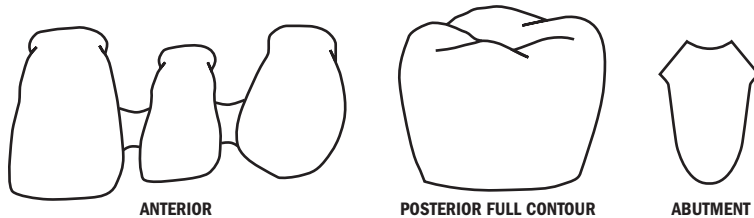


**Date Required:** \_\_\_\_\_

**Laboratory:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_  
**Authorizing RDT:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

<b>Case ID</b>		
<b>Tooth Numbers</b>	<b>Single units</b>	
	<b>Bridge units</b>	

**SHADE** Required for ALL Cases: \_\_\_\_\_



**COPINGS: 2 DAYS IN LAB**

Lava™       Lava™ Plus       Zirlux®       CoCr       Ti

**FULL CONTOUR: 2 DAYS IN LAB**

Lava™ Plus       Zirlux® FC       Celtra™ DUO       CoCr

Ti       PMMA

**CUSTOM ABUTMENTS: FOR ALL IMPLANT SYSTEMS**

Zirconia Hybrid *Shade:* \_\_\_\_\_       Titanium       Gold Hue

**PAYMENT:**

We're making your accounting simpler! At Emerald Dental Works Inc., payment is required to accompany your order. By automatically charging your Visa or MasterCard, on a per-case basis, we're saving you time and effort. It's simple and convenient. Just fill out the form below. We will continue to send you a monthly statement for your records reflecting invoices, payments and credits on your Emerald Dental Works account.

**Card on file**       **New Card** (please complete form below)       **Card Type: VISA or MasterCard** (please circle)

**Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Send Work Orders**

**Send Courier Forms**