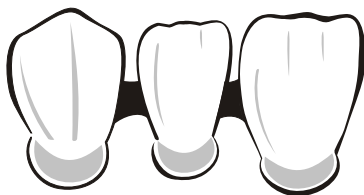


Date Required: _____

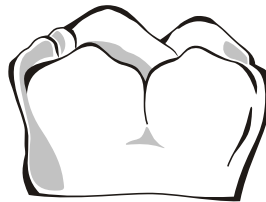
Laboratory: _____
Address: _____
City: _____ **Province:** _____ **Postal Code:** _____
Telephone: _____ **Fax:** _____ **e-mail:** _____
Authorizing RDT: _____ **Signature:** _____

Case ID	_____	
Tooth Numbers	Single units	_____
	Bridge units	_____

SHADE Required for ALL Cases: _____



Anterior



Posterior



Abutment

PLEASE INDICATE CUTBACK:

Buccal Cutback Full Cutback

COPINGS: 2 DAYS IN LAB

<input type="checkbox"/> Lava™	<input type="checkbox"/> Lava™ Esthetic	<input type="checkbox"/> Lava™ Plus	<input type="checkbox"/> Zirlux® 16+	<input type="checkbox"/> Emax
<input type="checkbox"/> Katana™ HTML	<input type="checkbox"/> Katana™ STML	<input type="checkbox"/> BruxZir®	<input type="checkbox"/> ArgenZ® HT+	<input type="checkbox"/> Other:

FULL CONTOUR: 2 DAYS IN LAB

<input type="checkbox"/> Lava™	<input type="checkbox"/> Lava™ Esthetic	<input type="checkbox"/> Lava™ Plus	<input type="checkbox"/> Zirlux® 16+	<input type="checkbox"/> Emax
<input type="checkbox"/> Katana™ HTML	<input type="checkbox"/> Katana™ STML	<input type="checkbox"/> BruxZir®	<input type="checkbox"/> PMMA	<input type="checkbox"/> ArgenZ® HT+
				<input type="checkbox"/> Other:

CUSTOM ABUTMENTS: FOR ALL IMPLANT SYSTEMS

Zirconia Hybrid 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 MasterCard

Card Number: _____ **Expiry Date:** _____

Name on Card: _____ **Signature:** _____

Send Work Orders

Send Courier Forms