

Your Out-Sourcing Specialists
 71 Emerald Street South,
 Hamilton, Ontario L8N 2V4
 Toll Free: 1-888-251-7171
e-mail: lab@emeraldental.com
Website: www.emeraldental.com

Date Required: _____

Laboratory: _____

Address: _____

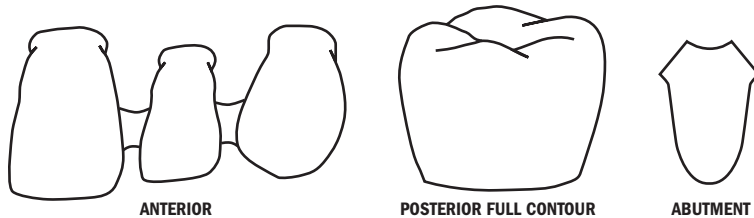
City: _____ **Province:** _____ **Postal Code:** _____

Telephone: _____ **Fax:** _____ **e-mail:** _____

Authorizing RDT: _____ **Signature:** _____

Case ID		
Tooth Numbers	Single units	
	Bridge units	

SHADE *Required for ALL Cases:* _____



COPINGS: 2 DAYS IN LAB

Lava™ Lava™ Plus EmZir

FULL CONTOUR: 2 DAYS IN LAB

Lava™ Plus EmZir Zirlux® FC Celtra™ DUO Lava™ Ultimate

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