

VT Dental Lab

1240 S.E. 122nd Ave, BSMT * Portland, OR 97233
 Phone: (503) 919-2850 * Fax: (503) 919-2871
 www.vtdlab.com * Email: vtdentallab@gmail.com

Dr Name: _____ Date: _____

Office: _____ Phone: _____

Patient Name: _____ Due Date: _____ Time: _____

- Die Trim
 Frame Try In
 Bisque Bake Try In

Enclosed with case: Impressions Models Bite Photos Others

PFM (Porcelain fused to metal)		All Ceramic / Zirconia
Metal Type <input type="checkbox"/> Non-Precious <input type="checkbox"/> Noble <input type="checkbox"/> High Noble	Metal Weight	<input type="checkbox"/> Emax <input type="checkbox"/> Full Zirconia <input type="checkbox"/> Full Zirconia with Porcelain facial <input type="checkbox"/> Porcelain fused to zirconia (PFZ)
Full Gold Crown (FGC)		

Design (choose one below) **Final Shade** _____ **Stump Shade** _____



Instructions

Net amount of invoice is due within 30 days of order, all balances beyond 30 days are subject to Late Fee charge of 3%. I agree to pay collection agency costs, attorney's fee and court costs if this account is referred to collection.

Dr. Signature _____ License Number _____

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