

ARTISAN 3D

210-276-0042

2115 Anchor Dr., San Antonio, TX 78213

Doctor's Name _____ Date _____

Patient's Name _____ Deliver by 5 p.m. on _____

Location _____

ALL Ceramic

- Full Contour
(Translucent)
- Layered Zirconia
- IPS e.max

Shade _____



Crown & Bridge

- PVC
- Full Cast
- Type of Metal _____

Implants


Select Abutment type
 Titanium Abutment

- Zirconia Abutment
w/Ti - Base
- Screw Retained

Parallel Abutments Y N

Abutment Margin Depth

- Facial _____
- Mesial _____
- Lingual _____
- Distal _____

 If left blank, default values will be used.

Instructions: _____

TERMS AND CONDITIONS: Accounts are due and payable by the 10th day of each month. A 10% service charge will be added to accounts paid after the 20th day of the month. Financial accounts that become 60 days past due will automatically be issued a C.O.D. invoice for future orders. Delinquent accounts will be responsible for legal costs related to collection charges. Your signature indicates acceptance of these terms. All fees are due and payable in Bexar County, San Antonio, Texas.

Dentist's Signature _____ Licence No. _____