Doctor's Acc	count #	Phone #	Primex Laboratory LLC Dental lab
Dr.———Patient ——			Your priority is our prime!
radent —	First name	Last name	267 W. Alameda Ave, Burbank, CA 9150:
Date Due	In Office	by 5 p m	
T			& (818)281-7449
B _k		FIXED - SPECIFIC INSTRUCTIONS	All CERAMIC ZIRCONIA Full Solid Contour Full Solid Press Non-Precious
TISSUE SHADE Light Pink Pink Ethnic	SHADE: IMMEDIATES Extract All Extract tooth #	R 10 11 32 12 31 14 30 15 29 16 28	Full Solid Contour
		R L	22 INFLANTS 22 Stock Abutment Extras STAINING
		Upper	Custom Abutment Titanium Custom Abutment Zirconia(with TI base) Size
		Standard unless specified	Manufacturer Maryland Bridge None
SELECT: Crown Bridge Splinted ALL ON X	ure	D.D.S. Lic. #	
By the person's su	ubmission of this form to Primex	Laboratory LLC dentist/person agrees to all terms and conditions as specified	
Terms & conditio	ons: Payment for all statements m	nust be made in full by the 10th day of each month. The statement date corresp	ponds to the last working Bite Registration Models Implant Parts
day of every mont	th. Failure to adhere to the specif	fied payment terms will result in a 2% finance charge per month, or 24% per a	Innum, on any outstanding REDO: Yes No
balances. Addition	nally, the account will be placed	on a Cash on Delivery (C.O.D.) basis.	ORIGINAL PRODUCT ENCLOSED: Yes No Adjustmet