

SPRING DENTAL LAB

10214 Georgibelle Dr. Suite 900, Houston TX77043
Tel: (832) 715-7578 / (832) 863-5030

Doctor _____ Dental Office _____
Patient _____
Age _____ Male Female Finish Date _____

Crown & Bridge

PFM Crown

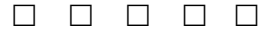
- High Noble 90% Gold/Single
- High Noble 87% Gold/Single
- Non-Precious
- Implant
- Porcelain Margin
- Metal Occlusion

All Ceramic Crown

- Zirconia Crown (Layered)
- BruxZir (Full Zirconia)
- Translucent Full Zirconia
- Veneer
- E - Max
- Diagnostic Wax-up

Full Metal Crown

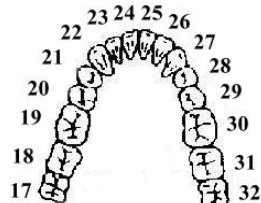
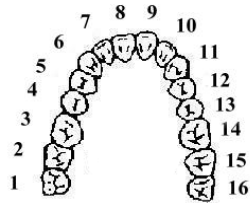
- High Noble Gold
- Noble Gold
- Non-Precious



Pontic Design

Tooth #

Tooth Shade



Partial & Full Dentures

Partial Denture

- Metal Frame Partial Denture
- TCS Unbreakable Flexible
- Temporary Acrylic w/ clasp
- Flipper (one tooth / no clasp)
- Repair
- Reline

Complete Denture

- Acrylic
 - Flexible
- Night Guard**
- Hard
 - Hard / Soft

Processing Order

- Custom Tray
- Metal Frame Only
- Wax Rim
- Teeth Set-up / Try-in
- Premium IPN Teeth
- Economic Teeth
- Process & Finish

Instructions

Signature _____ Date _____ License Number _____

Net Amount of invoice is due within 30 days of receipt of order. All balances beyond 30 days are subject to finance charge. I agree to pay reasonable attorney's fees and collection costs if this account is referred for collection

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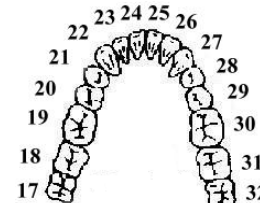
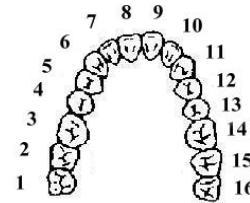
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