

PLEASE PRINT

Doctor: _____

Address: _____

Phone #: _____

Fax #: _____

E-mail: _____

Patient: _____

Age: _____ Female Male

Address: _____

Due Date: _____



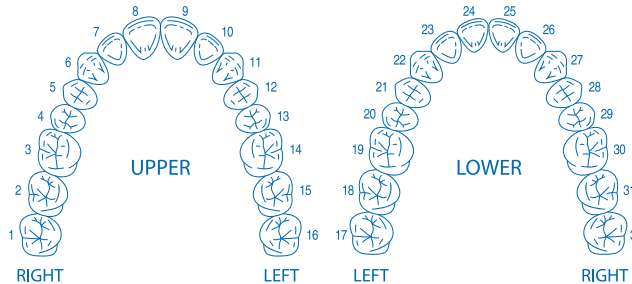
FOX DENTAL LABORATORY

502 N. Gilchrist Ave. • Tampa, FL 33606

813.251.0902 • 1-800-282-9054

Fax: 813-254-3877 • foxdentallab.com

Florida Registration #DL369



DENTURES

- Upper Lower
 Immediate Immediate
- Custom Tray
 Occlusal Rim

SET-UP

- Ideal Balance Occlusion
 Lingualized Occlusion Follow Study Model

TEETH

- Premium
 Standard
 Economy

PROCESS

Acrylic Type

- Injection
 Conventional

Acrylic Shade

- Light Pink
 Ethnic Blend
 Light Reddish Pink
 Original

FIXED

DR. TO TRIM DIE Yes No

PFM's

- High Noble
 Noble

CERAMICS

- Lava™
 e.max® Anterior
 e.max® Posterior
 Generic Zirconia
 BruxZir®

TEMPORARIES

- Reinforced
 Non-Reinforced

FULL CAST

- High Noble Yellow
 High Noble White

IMPLANT

- CAD/CAM Titanium w. Noble PFM
 CAD/CAM Zirconia w/ Zirconia Crown
 Titanium w/ BruxZir Crown
 Titanium w/ Temporary Crown
 Zirconia w/ Temporary Crown

Shade _____

Try-In Finish

PARTIALS

- Upper Lower
- | | |
|---|--|
| <p><input type="checkbox"/> Valplast®</p> <ul style="list-style-type: none"> <input type="checkbox"/> Try-in <input type="checkbox"/> Set and Finish <input type="checkbox"/> Add Metal Frame (Combo) | <p><input type="checkbox"/> Metal Framework</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frame Try-in <input type="checkbox"/> Frame with Set-up <input type="checkbox"/> Frame with Bite Block <input type="checkbox"/> Frame with Finish |
|---|--|

Ortho • Guards • NTI tss

NTI-tss Plus™ & OCCLUSAL GUARDS

- Thermo-Guard™ NTI-tss Plus Comfort H/S

FIXED / REMOVABLE ORTHO

- Lingual Arch Hawley
 Band and Loop Other

SNORING & SLEEP APNEA

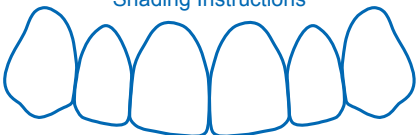
- TAP III® TAP III® Elite EMA

SEND MORE

- RX's Labels Boxes Bags

Net amount of invoice is due within 30 days of order; all balances beyond 30 days are subject to finance charge of 1.5%. I agree to pay reasonable attorneys fees and collection costs if this account is referred to collection.

Shading Instructions



PORCELAIN BUTT MARGIN

- Yes, on tooth #'s _____

Date: _____

Dr.'s Signature: _____

License #: _____