B&R DENTAL LABORATORY

210 / 656-3889
1-888 / 239-3269
Fax 210-653-5458
4304 Center Gate
San Antonio, TX 78217
Tx Reg. #2357

Please Send:
____ Prescriptions
____ Boxes
____ Mailing Labels

Date Received_____Plan #_____
Enclosed
_____Impression(s) ____Master Model
_____Bite _____Alginate
_____Opposing Model _____Photo
Other:

Doctor:	**Date Required: Case will be delivered before 5:00 pm**
Patient:	Date Required:

Shade_____
Sex _____
Age _____

PFM'S _____10 Working Days

Full Metal Restoration - 6 Working Days

❑ FullCrown ❑ Porcelain Veneer ❑ Porcelain to Metal

Material:

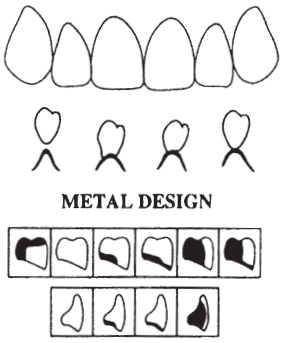
❑ Semi Precious ❑ Non Precious _____ Pressable
_____ Porcelain _____Custom Abument / Zirconia
❑ Precious ❑ Yellow Gold _____ Zirconia Etkon by Straumann _____ Titiaum

Occlusalstain:

❑ None ❑ Medium
❑ Light ❑ Dark

Oclusal Clearance:

❑ In Occlusion ❑ Foil Relief
❑ Out of Occlusion ❑ Other



Instructions:_____

Please Enclose Study Models and Bites

Dr. Signature:	License No.:
Address:	Date:

Terms: Accounts are due and payable by the 10th of the month. All balances beyond 30 days are subject to a Finance Charge. I agree to pay reasonable attorney's fee's and collection costs if this account is referred to collection in Bexar County, San Antonio, Texas.

Lab Copy - White *Doctor's Copy - Yellow* *B&R-2*