



B&R
DENTAL
LABORATORY

210 / 656-3889
1-888 / 239-3269
Fax 210-653-5458
4307 Center Gate
San Antonio, TX 78217

Please Send:

- Prescriptions
- Boxes
- Mailing Labels

TX Reg. #2357

Date Received _____ Pan # _____

Enclosed

- _____ Impression(s) _____ Master Model
- _____ Bite _____ Alginate
- _____ Opposing Model _____ Photo

Other:

Doctor:

Case will be delivered before 5:00 pm on Date Required, schedule patients the day after date required, not day of.

Patient:

Date Required (M-F):

Shade _____

PFM'S _____ 7 Working Days

Stump Shade _____

Sex _____ Age _____

Full Metal Restoration - 6 Working Days

- FullCrown
- Porcelain Veneer
- Porcelain to Metal

Material:

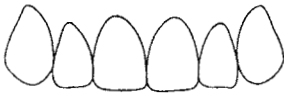
- Semi Precious
- Non Precious
- ___ Emax / All Ceramic
- ___ Zirconia Abutment / Ti-Base
- ___ Zirconia / Full Contour
- ___ Full Contour Custom Abutment / Zirconia
- Precious
- Yellow Gold
- ___ PFZ / Porcelain Fused to Zirconia
- ___ Titanium Abutment

Occlusalstain:

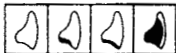
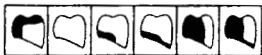
Occlusal Clearance:

- None
- Medium
- Custom Shade
- Light
- Dark

- In Occlusion
- Foil Relief
- Out of Occlusion
- Other



METAL DESIGN



Instructions:

Please Enclose Study Models and Bites

Dr. Signature:

License No.:

Address:

Date:

Terms: Balance on account is due in full by the 10th of each month from statement date. After the 20th a \$35.00 late fee will be charged and if not received by the last day of the month a 1.5% service fee will be applied. Accounts not paid within 30 days of statement date will be subject to COD. I agree to pay reasonable attorney's fees and collection cost if this account is referred to collection in Bexar County, San Antonio, Texas.