



Texas Premier Dental Lab

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TX 3406

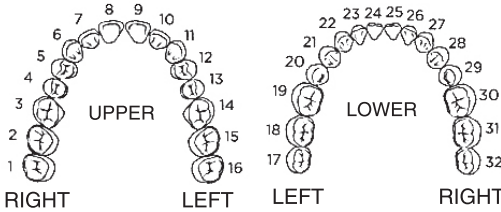
DOCTOR NAME _____

PATIENT NAME _____

- MALE
- FEMALE

DUE DATE TRY IN _____ FINISH _____ AGE _____

SHADE NO. _____



- Full Cast
- Non Precious
- Noble Yellow
- PFM
- High Noble
- Noble White

- Metal Free Porcelon** e.Max Pressable Zirconia
- Monolithic Layered

- Dentures:** Upper Lower Custom Tray Set Teeth
- Bite Rim Process / Finish



Instructions _____

SIGNATURE _____ Date _____

Net amount of invoices is due with 30 days of receipt of order: all balances beyond 30 days are subject to a finance charge of 1.5% I agree to pay reasonable attorneys fees and collection coast if this account is referred for collction.

WHITE COPY FOR LAB

YELLOW COPY FOR DOCTOR