

Doctor: _____

Office Address: _____

Phone number: _____

Patient Name: _____

Doctor Requested Due Date:

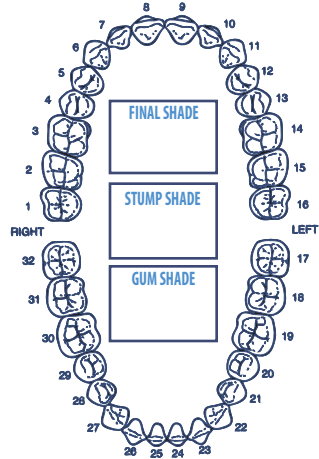
delivery will be by 5:00pm

Instructions:



100 Wood St. Bristol, PA 19007

www.thedentallab.net 877.355.9777



Enclosed with case:

- impressions models
- bite registration parts
- REMAKE/ORIGINAL work enclosed

Call before starting case

PHOTOS - email to photos@cornerstonedl.com

EMAIL ME if there is a problem on the case

DIGITAL FILES - email to digital@cornerstonedl.com

CORNERSTONE FAVORITES



BioComp Milled
aesthetic zirconia



BioComp Milled
all porcelain



BioComp
flexible denture

All Ceramic

- pressed all porcelain
- veneer
- full contour zirconia
- layered zirconia

Porcelain to Metal

- base
- noble
- high noble white
- high noble yellow

Implants (choose crown type first)

- screw-retained
- cementable

Abutments

- titanium
- zirconia
- gold hue

Nightguard

- comfort
- hard
- premium

Dentures Step 1:

- custom tray bite rim

Dentures Step 2:

- cast partial framework
- wax setup try-in (partial or full)
circle one

Dentures Step 3:

- acrylic full denture finish
- acrylic partial denture finish
- flexi partial denture finish

DENTIST SIGNATURE REQUIRED

X

Date: _____

Person signing this work form accepts sole responsibility/and business is responsible for payment, agrees to pay all legal and collection fees, even in event of lawsuit.

All account(s) payments are due by date indicated on monthly statement.

Any account not paid within stated terms will be subject to COD account status and a 1.5% NON-REFUNDABLE late charge per month.