

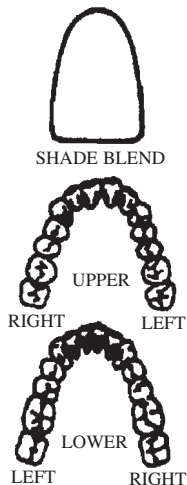
KING D E N T A L L A B

12200 Ford Road #236
 Dallas, TX 75234
 972.701.8291
 Fax: 972.701.8293
 king@kingdentallab.com

Reg. #1283

Dr. Name		Patient's Name		
For Finish <input type="checkbox"/> For Try In <input type="checkbox"/>		Age		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Due Date		
		Month	Day	Time
Shade				

INSTRUCTIONS



Type of Teeth	Full Coverage Porcelain <input type="checkbox"/>	Onlay <input type="checkbox"/>
	Full Cast Crown's <input type="checkbox"/>	Veneer <input type="checkbox"/>
	Non-Prec. Metal <input type="checkbox"/>	Gold <input type="checkbox"/>

DATE _____

DENTIST LICENSE NO. _____

_____ D.D.S.
 PERSONAL SIGNATURE OF DENTIST

PLEASE READ:

This work order is subject to the following terms and conditions.

Prosthetic appliances shall be delivered subject to the buyers right of inspection and rejection. Fitting and delivering the prothesis in a patient's oral cavity constitutes acceptance. Acceptance places liability for discoverable defects on the dentist. Any noticeable defect should be noted immediately with the laboratory.

Upon acceptance the buyer is obligated to pay in accordance with this agreement. A cumulative bill will be sent by the end of the month.

PAYMENTS ARE DUE UPON RECEIPT

Unpaid accounts are past due as of the 10th of the month. The interest rate on unpaid accounts accounts is 2% a month. Buyer agrees to pay all legal and collection costs necessary to collect monies past due.

Buyer agrees that he fully understands and accepts the conditions contained herein by signature of prescription.