

Doctor _____

Patient _____

Sex M F Age _____

Prep Date _____

Due Date _____

SHADE	OCCL STAIN	Light Medium Dark



*Creating Beautiful Smiles
Since 1998*

25044 Peachland Ave., #200
Santa Clarita, CA 91321
(661) 254-2294

Send Photos to CQDENTAL@GMAIL.COM

UPPER		LOWER	
1 RIGHT	LEFT 16	LEFT 17	RIGHT 32
POSTERIORS			
ANTERIORS			

- () Full Zirconia
- () Zirconia with Cutback Porcelain
- () E-Max
- () Porc. to Semi-Precious
- () Porc. to Non-Precious
- () Porcelain Margin
- () 360° Metal Margin
- () Hard/Soft Night guard

- | | |
|--|----------|
| - Can We Trim Prep. If Not Enough Room? | Yes / No |
| - Can We Trim Opposing Teeth If Not Enough Room? | Yes / No |

Signature _____ License No. _____

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal and collection costs in the event of suit, including reasonable fees and finance costs. Invoices not paid within 30 days of statement are subject to a service charge of 1.5 percent per month. Cost collection will be paid by the customer. Accounts with balances over 60 days are subject to being placed on a C.O.D. basis. This contract performable in LA County, CA. In the event of a dispute, the parties agree that the venue by LA County.