

Ferello Dental Laboratory

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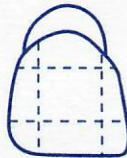
Doctor _____ Phone # _____

Patient Mr. M
 Ms. _____ Age _____ F

Date _____ **Due Date** Try-In Finish _____ *by 4 PM*

ZIRCONIA	PFM	DENTURE
<input type="checkbox"/> High Esthetic <input type="checkbox"/> Standard <input type="checkbox"/> Layered	<input type="checkbox"/> Semi-Precious <input type="checkbox"/> Non-Precious <input type="checkbox"/> High Noble <input type="checkbox"/> Full Cast	<input type="checkbox"/> Acrylic <input type="checkbox"/> Bite Block <input type="checkbox"/> Cast Frame <input type="checkbox"/> Custom Tray <input type="checkbox"/> Flexible

IMPLANT
<input type="checkbox"/> Screw Retained <input type="checkbox"/> Titanium Abutment <input type="checkbox"/> Esthetic (Zirconia Hybrid)



Shade _____

Stump _____

Rx

Signature _____ License No. _____

TERMS : All accounts are payable within 30 days of statement date. Accounts not paid within the stated terms will be subject to COD status and a late charge of 2 percent of the unpaid balance. Price subject to change without notice. Rx must be enclosed with original case.