Ztech Dental Lab

WHERE EVERY SMILE SHINES

10537 Garden Grove Blvd.,
Garden Grove, CA 92843
(714) 741-0663
contact@ZtechDentalLab.com

Dr._____ Phone _____
PRINT

Dr. Office / City _____ Account #_____

Patient _____ / _____ Chart # _____ ❑ **F** ❑ **M**
PRINT LAST NAME PRINT FIRST NAME

DUE DATE ____ / ____ / **SHADE** _____

STUMP SHADE _____

❑ **Enclosed with case** ❑ Impression ❑ Models
❑ Bite ❑ Photo ❑ Partial ❑ Others _____

IMPLANTS ❑ Custom Titanium Abutment
❑ Screw Retained
❑ Cementable

❑ **Zirconia Full Contour**
❑ **Zirconia Multi Layered Full Contour**
❑ **Zirconia Cutback / Porcelain Overlay**
❑ **Emax**
❑ **Veneers** ❑ **Inlay / Onlay**

PFM ❑ Non-Precious ❑ Semi* ❑ HN White Gold*
FMC ❑ Non-Precious ❑ Semi Yellow Tint*
❑ HN Yellow Gold*
*Plus cost of Alloy Weight

REMOVABLE ❑ **UPPER**
❑ Full Denture
❑ Partial Denture w/Metal Frame
❑ Valplast Partial
❑ Valplast Combo w/Metal Frame
❑ Stayplate
❑ Nightguard _____

❑ **LOWER**
❑ Repair
❑ Reline
❑ Rebase

Ortho Retainer
❑ Clear
❑ Hawley

℞ **Implant System (Must provide):** _____
Platform Size (Must provide): _____

PMS 281 Blue

IF NOT ENOUGH CLEARANCE: ❑ Adjust Prep. Plus Reduction Coping ❑ Spot Opp. ❑ Call Dr.

Dr's Signature: _____ Date: _____

TERMS: 3% monthly service charge over 30 days of statement date. Customer agrees to pay full cost of collection plus attorney fees and court cost.

rev.100725

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