



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

Dr. _____ Customer ID _____
PRINT PLEASE OFFICE / LOCATION
Patient _____ / _____ Age _____ ☐ Female ☐ Male
PRINT LAST NAME PRINT FIRST NAME

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

IMPLANTS ☐ Custom Titanium Abutment ☐ Screw Retained ☐ Cementable ☐ Zirconia Full Contour ☐ Zirconia Multi Layered Full Conture ☐ Zirconia Porcelain Overlay ☐ EMAX ☐ Veneers ☐ Inlay / Onlay PFM ☐ Non-Precious ☐ Semi ☐ HN White Gold FMC ☐ Non-Precious ☐ Semi Yellow Tint ☐ HN Yellow Gold	STUMP SHADE _____ ☐ Enclosed with case ☐ Impression ☐ Models ☐ Bite ☐ Photo ☐ Partial ☐ Others _____ <table border="1"><tr><td>☐ Upper</td><td>☐ Lower</td></tr><tr><td>☐ Full Denture</td><td>☐ Repair</td></tr><tr><td>☐ Partial Denture w/Metal Frame</td><td>☐ Reline</td></tr><tr><td>☐ Valplast Partial</td><td>☐ Rebase</td></tr><tr><td>☐ Valplast Unilateral</td><td></td></tr><tr><td>☐ Valplast Combo w/Metal Frame</td><td>Ortho Retainer</td></tr><tr><td>☐ Stayplate</td><td>☐ Clear</td></tr><tr><td>☐ Nightguard _____</td><td>☐ Hawley</td></tr></table>	☐ Upper	☐ Lower	☐ Full Denture	☐ Repair	☐ Partial Denture w/Metal Frame	☐ Reline	☐ Valplast Partial	☐ Rebase	☐ Valplast Unilateral		☐ Valplast Combo w/Metal Frame	Ortho Retainer	☐ Stayplate	☐ Clear	☐ Nightguard _____	☐ Hawley
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☐ Stayplate	☐ Clear																
☐ Nightguard _____	☐ Hawley																

Rx Implant System (Must provide): _____
Platform Size (Must provide): _____



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.



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