Artifex INC
NADL Member
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_____ _____
Today's Date Return Date

DOCTOR: _____ ADDRESS: _____

SIGNATURE: _____

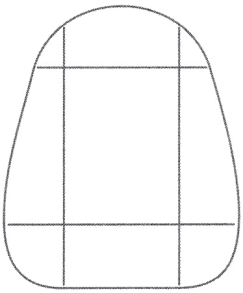
LICENSE #: _____ PHONE: _____

PATIENT: _____ Age: ◯ Male ◯ Female

10 WORKING DAYS required for natural tooth singles. **15 WORKING DAYS** required for big cases and implants.	Not including holidays, weekends, pickup or delivery (2-3 days)

TOOTH: _____

◯ **PFM** (porc. to metal)
◯ **PFZ** (porc. to zirc)
◯ **Emax** (pressed)
◯ **FZ** (full zirc)
◯ **Full Metal**
  ◯ White
  ◯ Yellow
◯ **Other:**
_____



SHADE:
_____

SURGEON _____

IMPLANT FIXTURES
BRAND:
SIZE:
◯ **SCREW-RETAINED**
◯ **CEMENTABLE**
  ◯ Screw Access Hole
  ◯ Lab Cement (Add'l Fee)
  ◯ MODEL ◯ MODELESS

BELLACHEK COUPON # _____

Additional Instructions:

PLEASE SEND: ◯ RX PADS ◯ BOXES ◯ LABELS

Terms are Net 30 from invoice date. Late payments are subject to a finance charge equal to 1.5% per month (18% annually). Collection and legal fees will be added if delinquent.