

Creating Beautiful Smiles For Life

Patient Name: _____ Prep Date: _____

Royal Dental Laboratory

11264 Southwest Highway, Units 3-4 Palos Hills, Illinois 60465

(312) 887-9317

royaldentallab1@gmail.com

Web:

https://royal1dentallab.com

__ Return Date:___

(At least 2 days before seat date)

Doctor Name:	Pt. Age: Sex:	Teeth #
Doctor Phone:	Address:	
TYPE OF RESTORATION	SHADE	ADDITIONAL
IPS e.max: Layered Mono	Tooth: Shade	Night Guards
Full Contoured Zirconia: Layered Mono	Stump Translucency:	Retainers
PFM Press/Metal PFZ Press/Zirc	High Medium Low Value:	Temporary Crown (PMMA)
Full Cast Crown: Noble Gold Base	High Medium Low Pit/Fissure: Heavy Normal Light None	_ navep
Abutment Zirconia Titanium Hybrid Screw Retained Crown Cemented		
Notes:		
Doctors Signature:		_License #:

Terms: Accounts are due within 10 days of statement date. A 1.5% service charge will be assessed for account balances over 30 days. Accounts with invoices over thirty days are subject to COD placement. Delinquent accounts are subject to collections. Delinquent accounts in collections will pay all collection costs and attornwys fees.