



ROYAL
DENTAL LAB

Royal Dental Laboratory
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Web:

<https://royal1dentallab.com>

Creating Beautiful Smiles For Life

Patient Name: _____ Prep Date: _____ Return Date: _____
(At least 2 days before seat date)

Doctor Name: _____ Pt. Age: _____ Sex: _____ Teeth # _____

Doctor Phone: _____ Address: _____

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 attorneys fees.