

**BILL TO**

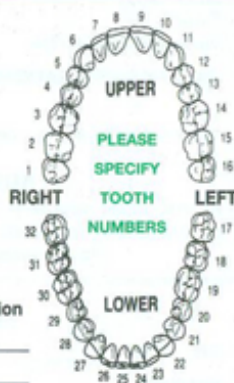
Today's Date

\_ / \_ / \_

Patient's Name \_\_\_\_\_

 MALE  FEMALE AGE \_\_\_\_\_**DELIVER BY 5:00 PM**ON \_\_\_\_\_  
DO NOT SCHEDULE PT. FOR SAME DAY

Rx

 New  Returning  Rush\* Counter  Bite SIMPL® Implant Restoration Case:  Titanium or  Zirconia Abutment  
Implant Brand & Size: \_\_\_\_\_ **Remake:** Must return restoration(s), old impression and provide a detailed reason for remake: \_\_\_\_\_

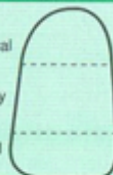
\_\_\_\_\_

**STUDY MODELS ARE STRONGLY SUGGESTED**  
EMAIL SHADE AND CASE PHOTOS TO:  
CASEPHOTOS@TNCIDENTAL.COM**FINAL TOOTH SHADE:** \_\_\_\_\_**PREP STUMP SHADE:** \_\_\_\_\_

Gingival

Body

Incisal

**PROCEDURE(S):**

- |  |                                     |                                       |
|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Single Casting(s) | <input type="checkbox"/> Finish     | <input type="checkbox"/> Frame w/bite |
| <input type="checkbox"/> Sectioned Bridge  | <input type="checkbox"/> Try In     | <input type="checkbox"/> Setup        |
| <input type="checkbox"/> Connected Bridge  | <input type="checkbox"/> Bisc Bake  | <input type="checkbox"/> Custom Tray  |
| <input type="checkbox"/> Solder/Laser      | <input type="checkbox"/> Adjustment | <input type="checkbox"/> Bite Rim     |

Pan #

Case #

275 South Main Street  
Freeport, New York 11520Toll Free 1-800-925-8696  
Fax 516-868-1309

www.TownAndCountryDental.com

**PORCELAIN FUSED TO METAL:**

- 
- Phoenix™ (86 AU)
- 
- High Noble Yellow
- 
- 
- Semi Precious
- 
- High Noble White
- 
- 
- Non Precious
- 
- Captex®

**ALL CERAMIC/COMPOSITE:**

- 
- e.max ZirCAD Crown/Bridge
- 
- 
- e.max CAD LD Crown
- 
- 
- e.max PRESS
- 
- Cristobal®
- 
- 
- Feldspathic / Foil Laminate / Crown

**FULL-CAST METAL:**

- 
- Yellow Gold
- 
- Semi Precious
- 
- 
- White Gold
- 
- Non Precious

**TEMPORARIES:**

- 
- Cast Reinforced
- 
- Wire
- 
- Fiber

**PONTIC:**

- |  |  |
|--|--|
| <input type="checkbox"/> Full Ridge    | <input type="checkbox"/> Partial Ridge |
| <input type="checkbox"/> Point Contact | <input type="checkbox"/> No Contact    |

**BUCCAL COLLAR:**

- 
- No metal to show
- 
- 
- Micro-collar
- 
- 
- Full collar

**Removable Buttons**  Yes  No**■ GALAXY RESTORATION****REMOVABLES:**

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> PARTIAL UPPER        | <input type="checkbox"/> PARTIAL LOWER | <input type="checkbox"/> FULL UPPER       | <input type="checkbox"/> FULL LOWER   |
| <input type="checkbox"/> Conventional Partial | <input type="checkbox"/> All Acrylic   | <input type="checkbox"/> Flipper          | <input type="checkbox"/> Night Guard: |
| <input type="checkbox"/> All Valplast™        | <input type="checkbox"/> Cusil         | <input type="checkbox"/> Flipper w/clasps | <input type="checkbox"/> Hard         |
| <input type="checkbox"/> Valplast™ Combo      | <input type="checkbox"/> Immediate     | <input type="checkbox"/> Bleaching Tray   | <input type="checkbox"/> Soft         |
|   |  |   | <input type="checkbox"/> Bilaminar    |

**DENTURE TOOTH SELECTION**

- 
- Stock
- 
- Special Order\*
- 
- Porcelain\*
- 
- Shade \_\_\_\_\_ Type \_\_\_\_\_ Mold \_\_\_\_\_

**PLEASE SEND THE FOLLOWING**

- 
- Rx Forms
- 
- UPS Labels
- 
- 
- Shipping Bags
- 
- UPS Boxes
- 
- 
- Bubble Wrap
- 
- Other \_\_\_\_\_

**SPECIAL ENCLOSURES**

- 
- Shade Tab
- 
- Other \_\_\_\_\_
- 
- 
- Post
- 
- 
- Photo(s)

 **CALL ME** – I would like to speak with \_\_\_\_\_

Signature \_\_\_\_\_ Lic. # \_\_\_\_\_

A finance charge will be applied to **ALL PAST DUE BALANCES.**Retain **YELLOW** copy for your records.*Thank You!*

\* These items incur an additional charge. Please call for details.