

4315 N Larwin Ave, Concord CA 94521

To Schedule a Pick Up Call 925-969-9725

venetian.smile@yahoo.com

			_
DO			

○ Bite

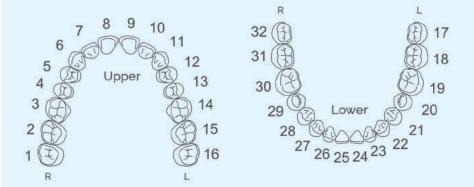
Custom Tray

Set-up

○ Finish

○ Rugae

○ Stipple



Terms and Conditions: requiers each case be accompanied by a signed labslip which is to be considered a binding work order agreement and acceptance of our Terms and Conditions. Invoices are billed by statement with payment due by the end of subsequent month from statement date. 2% service charge will be billed on all past due balances.

Doctor Name	Phone #
Address	
Patient Name	Age
Today's Date	Due Date by 4.00 pm

ALL-ON-FOUR HYBRID

O Pekkton®

Trinnia

MEASUREMENT DATA

O Papillameter_____

O Alameter_____

Alma Gauge_____

X Reading (vertical)

Y Reading (horizontal)____

TEETH

Zirconia

(e.max

OGC Cerasmart

IMPLANTS

Implant Manufacturer _____

Implant Size _____

Signature _____

License # _____