1526 S.E. Powell Blvd. • Portland, Oregon 97202
PH 503.238.7117 • **TF** 800.547.8539
www.shikosha.com • customerservice@shikosha.com

DR. NAME DATE

CLINIC/OFFICE DUE DATE TIME

PATIENT NAME

RESTORATION:

- ☐ PFM
  - ☐ P-BUTT
- ☐ FCC
- ☐ Layered ZR (LAVA™)
- ☐ E.max®/GC LiSi®
- ☐ ZR 100™ HT
- ☐ ZR 100™ Premium
- ☐ ZR 100™ Classic
- ☐ PMMA
- ☐ DX Wax-up

IMPLANTS:

- ☐ Custom Titanium Abutment
- ☐ Custom TI/ZR Abutment
- ☐ TiBase

ENCLOSED:

- ☐ Impression(s)
- ☐ Working Model
- ☐ Opposing Model
- ☐ Study Model
- ☐ Articulator
- ☐ Partial

METAL TYPE:

A B C D E F G H I J K L P

☐ **DIE TRIM** ☐ **FRAME TRY-IN** ☐ **BISQUE BAKE TRY-IN**

SPECIAL INSTRUCTIONS:

FINAL SHADE:

Stump Shade:____________

Net amount of invoice is due within 30 days of order; all balances beyond 30 days are subject to finance charge of 1.5%. I agree to pay collection agency costs, attorneys fees and court costs if this account is referred to collection.

DR. SIGNATURE LICENSE NUMBER