



PATIENT _____

AGE _____ SEX: M F

SHADE _____ STUMP SHADE _____

VENEER / CROWN

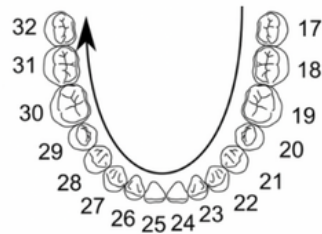
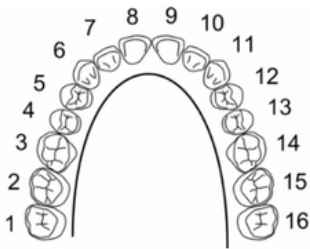
- LITHIUM DISSILICATE
- FELDSPHATIC
- ZIRCONIA

SPECIAL SHADING

- CERVICAL
- GINGIVAL
- BODY
- INCISAL



PARTIAL DESIGN



INCISAL EMBRASURE

- ROUNDED.
- SQUARE.
- CLOSE.
- OPEN

TRANSLUCENCY

- LOW
- MIDIUUM
- HIGH

INTRUCTIONS: INCLUDE NECESSARY STUDY MODELS
PHOTOS, OR PATIENT EXPECTATIONS.

LAB USE ONLY:

DR. SIGNATURE _____

PATIENT APPT. DATE / DUE DATE: _____

PRINT DR. NAME _____

LICENCE # _____

PRACTICE NAME _____

: PHONE (_____) _____

ADDRESS _____

CITY _____ STATE _____

ZIP _____



CODE WHITE LAB "DENTAL LABORATORY" TERMS & POLICIES

By signing or sending this lab slip (or a substitute therefore) to code white lab, I agree to abide by all terms and policies listed below.

All invoices must be paid in full within 15 days of receipt. Any amounts not paid by the last business day will incur a 2% finance charge per month, and the account will be automatically placed on C.O.D. terms.

All cases will be billed in stages and will be paid in full according to stage. All cases and items sent remain the property of Code White Boutique Lab LLC until the client's account is paid in full.

A minimum of \$60.00 will be charged for returned checks. All disputes shall be governed in all respects by California law and the client agrees to submit to the exclusive jurisdiction of, and venue in the County of Los Angeles, State of California in any dispute, with the prevailing party to recover attorney's fees, court costs and other expenses, including actual expert witness fees, if any, in addition to any other relief to which prevailing party may be entitled.

Please visit codewhitelab.com for complete warranty and remake information.