



Artistic Dental Lab LLC

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Suite 201-Second Floor
Boardman, OH 44512
Mobile: (330) 271-9831
Email: artisticdentallabllc@outlook.com
Website: www.artisticdentallab.com

Doctor: _____ Ref# 0000

Patient: _____

Due Date: _____ at _____

- | | |
|--|--|
| ☐ PFM Porcelain
☐ Zirconia ☐ Full ☐ Lava
☐ Inlay / Onlay
☐ Implant
☐ Emax

☐ Denture ☐ Complete ☐ Partial
☐ Valplast Partial
☐ Vitallium Partial
☐ Teeth ☐ Economy ☐ Premium

☐ Nightguard ☐ Soft ☐ Hard
☐ Bleaching

☐ Denture Reline
☐ Repair
☐ Flipper
☐ Others | SHADE: _____

Special Instructions

_____ |
|--|--|

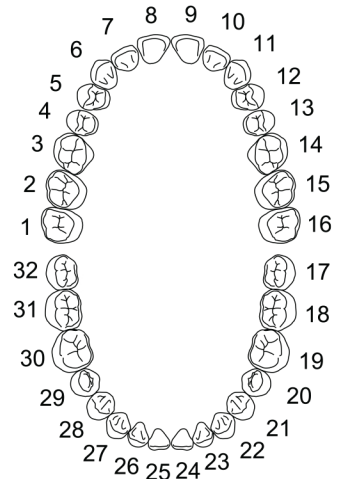
Enclosed with Case: ☐ Models ☐ Bite ☐ Photos ☐ Others

Teeth to be restored:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Signature: _____

Date: _____



TERMS: All accounts are payable within 30 days of date of statement. *Accounts not paid within the stated terms will be subject to COD status and a late charge of 2%.*