



Accutek Dental Laboratory, Inc.

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www.accutekdentallab.com

LAB USE

DATE DUE

By 5:00 PM

Dentist Name _____ Date _____

Address _____

City, State, Zip _____

Telephone _____

E-mail _____

Patient Name _____ Male Female

Rx Case Instructions

QUICK SELECTION

- Full Zirconia / BruxZir PFM Implant
 E.max Empress Other
 Layered Zirconia Full Cast

METAL

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

ANTERIOR DESIGN

- No Metal Showing
 Lingual Band
 Metal Lingual

POSTERIOR DESIGN

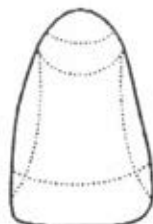
- No Metal Showing
 Lingual Band
 Metal Margin
 Metal Occlusal Excluding Buccal Cusp.

TEETH NUMBERS

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

SHADE

CHARACTERIZATION



OCCUSAL STAINING

- None Medium
 Light Dark

Special Instructions : Call Me Return for Die Trim Metal Frame Try-In

Signature _____ License # _____

TERMS : Net 30 days ; 2% PER MONTH charged to accounts over 30 days, 24% PER YEAR.
I agree to pay reasonable attorneys fees and collection costs if this amount is referred for collection