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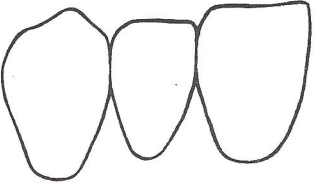
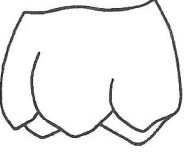
Perfect Impressions



Prep Date \_\_\_\_\_ Dr. Signature \_\_\_\_\_

License # \_\_\_\_\_

**Term:** Accounts are due and payable upon receipt of monthly statement. All accounts not paid by the 12th day of the month, following the statement date, are subject to a service charge of 1.5% per month (18% per annum) on the unpaid balance. Accounts not paid within these credit terms will be subject to C.O.D. status. Client pays in full the stated price of the good, plus any service charge, plus all cost of collection including attorney fees, court cost and other reasonable expense, by signing here the doctor is agreeing to pay interest as set out herein.



**Notes:**

Please Call Me Regarding this Case.

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

Opposing teeth to be restored?  yes  no

metal band  360 porcelain margin

**Margins**  porcelain to metal  porcelain margin

**Occlusion**  metal  porcelain

**Metal**  high noble  noble

Porcelain to Metal  Full Gold Crown

Type: \_\_\_\_\_  Metal  Zirconia

Implant  Components enclosed  Custom abutment

Emax Pressed

Custom Shade \_\_\_\_\_

Shade \_\_\_\_\_

Emax cad/cam  Porcelain To Zirconia  Prep. Shade \_\_\_\_\_

Patient \_\_\_\_\_ Male  Female

Doctor \_\_\_\_\_ Due Date \_\_\_\_\_