



SLOCOMB DENTAL LAB

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www.slocombdentallab.com

DR. _____ DATE _____

STREET _____ PATIENT _____

CITY _____ AGE _____ SEX _____

STATE _____ DUE _____ SHADE _____

PHONE _____

Ceramic Restorations

_____ Full Contour Zirconium
(BruxZir Type Crown)

_____ Porcelain Fused To
Milled Zirconium

_____ Porcelain Fused To
Milled Alloy

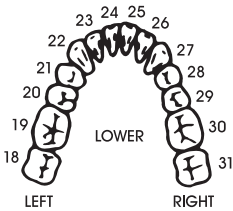
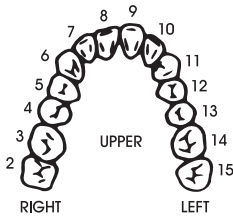
HN____ N____ Base____

Implant Restorations

_____ Custom Milled
Titanium
Abutment

_____ Custom Milled
Hybrid Zirconium
Abutment

_____ Screw Retained
Implant/Crown



DISINFECTED AT DENTAL OFFICE

Yes No

INSTRUCTIONS _____

DRS. SIGNATURE _____ LICENSE NO. _____

TERMS ARE NET 10 DAYS FROM STATEMENT DATE