

Baran Dental Laboratory



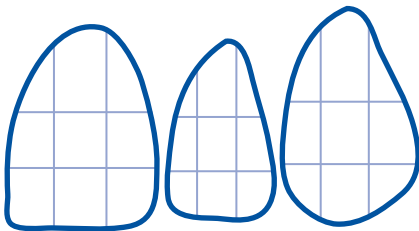
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The Choice for Crown, Bridge & Implants

PATIENT			DATE	RETURN DATE
AGE	PLEASE CIRCLE M F	SHADE	PLEASE SEND <input type="checkbox"/> BOXES <input type="checkbox"/> RX FORM	


CALL ME INSTRUCTIONS: _____ POR. BUTT JOINT



OCCL. STAIN:
 NONE MEDIUM
 LIGHT DARK

CUSTOM SHADING AS NOTED ABOVE

PONTIC DESIGN

SANITARY  SADDLE 

RIDGE LAP  OVATE 

METAL DESIGN

ALL PORC COVER. FULL CERVICAL BAND

LINGUAL BAND MES/DIST/LING. BAND

METAL OCCL. PORC. WINDOW

IF INSUFFICIENT ROOM

REDUCE OPPOSING REDUCTION COPING

BITE STOP PLEASE CALL

<input type="checkbox"/> METAL TRY-IN	<input type="checkbox"/> PFG	<input type="checkbox"/> INLAY/ONLAY	<input type="checkbox"/> IMPLANT
<input type="checkbox"/> BISQUE BAKE TRY-IN	<input type="checkbox"/> FULL CAST CROWN	<input type="checkbox"/> CAPTEK	<input type="checkbox"/> CEMENTABLE
<input type="checkbox"/> COMPLETE CASE	<input type="checkbox"/> LAVA	<input type="checkbox"/> FINESSE TO S-F METAL	<input type="checkbox"/> SCREW RETAINED
<input type="checkbox"/> DIE TRIM	<input type="checkbox"/> PROCERA	<input type="checkbox"/> FINESSE TO CAPTEK	<input type="checkbox"/> CERAMIC ABUTMENT*
<input type="checkbox"/> PFM	<input type="checkbox"/> INCERAM	<input type="checkbox"/> NOBLE	<input type="checkbox"/> HIGH NOBLE

*IF AVAILABLE

SIGNATURE _____ LICENSE _____

ADDRESS _____

CITY _____ STATE _____

CUSTOMER AGREES TO PAY ALL EXPENSES INCLUDING SERVICE CHARGES, REASONABLE FEES FROM COLLECTION AGENCIES, AND/OR ATTORNEY'S REPRESENTING BARAN DENTAL LABORATORY INC. IN COLLECTING INVOICES NOT PAID. 2% PER MONTH FINANCE CHARGE, WHICH IS 24% PER ANNUM WILL BE ADDED TO UNPAID BALANCES AFTER 30 DAYS. ALL ACCOUNTS OVER 60 DAYS WILL BE PLACED ON C.O.D. UNTIL BALANCE IS PAID IN FULL.