

CALIFORNIA DENTAL DESIGN



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CASE NO.

Dr's Name : _____

Patient's Name : _____

Date in Lab _____ **Due Date :** / /

SHADE : _____



ALL CERAMIC

- CA Zirconia Esthetic
- CA Veneer
- Layered Zirconia
- E.max
- CA Inlay / Onlay

IMPLANT

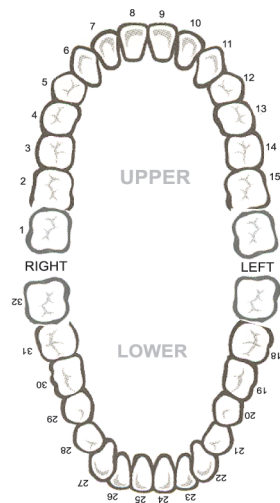
- Custom Abutment
- Screw Retained
- Cement Retain

PFM



SPECIFIC INSTRUCTION

Pontic Design



Dr's Signature: _____ License # _____

ALL ACCOUNTS ARE PAYABLE WITHIN 30 DAYS OF STATEMENT DATE. ACCOUNTS NOT PAID WITHIN THE STATED TERMS WILL BE SUBJECT TO C.O.D. STATUS AND A LATE CHARGE OF 2% OF UNPAID BALANCE..