



# ASTERS DENTAL LAB, INC.

24127 West Hardy Rd., Suite A  
Spring, Texas 77373

281- 528-5722 • Cell: 281- 435 - 6504  
Fax: 281- 528 - 5744

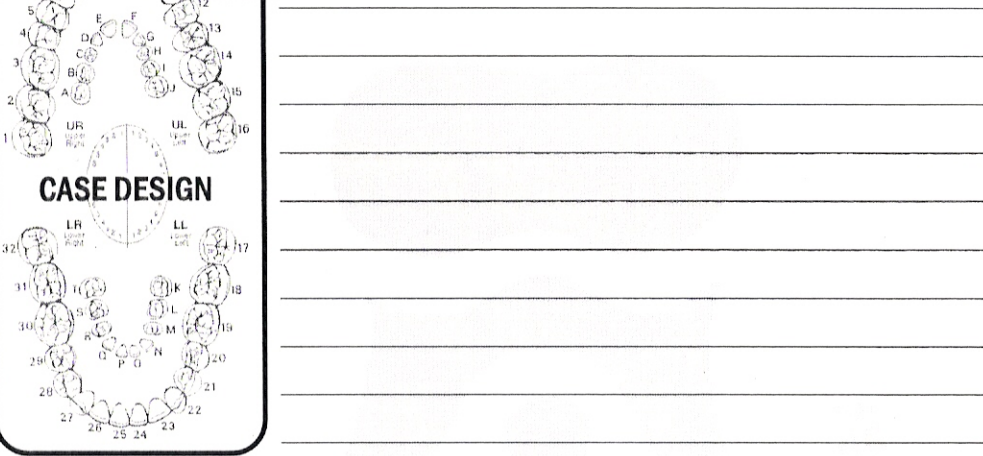
DOCTOR \_\_\_\_\_ DUE DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ SHADE \_\_\_\_\_

## PARTIALS AND DENTURES (PLEASE ✓)

Rx INSTRUCTIONS



- FULL UPPER
  - FULL LOWER
  - VALPLAST
  - IMPAX NIGHTGUARD
- SET UP..... 5 DAYS  
 PROCESS ..... 5 DAYS  
 FRAME..... 10 DAYS  
 NIGHTGUARD..... 5 DAYS  
 CROWN & BRIDGE 14 DAYS  
 FULL GOLD CROWN. 8 DAYS

DATE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TEXAS REGISTRATION NO. 02636



## CROWN & BRIDGE (PLEASE ✓)



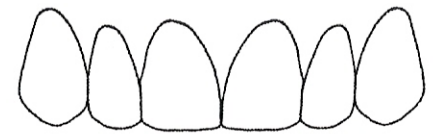
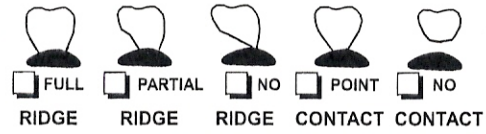
- MATERIALS:** PORCELAIN TO METAL      ALL METAL
- TOOTH SHADE**
- HIGH NOBLE (YELLOW)
  - HIGH NOBLE (WHITE)
  - NOBLE (WHITE)
  - BASE - N/P
- HIGH NOBLE (YELLOW)
  - NOBLE (YELLOW)
  - NOBLE (WHITE)
  - BASE - N/P

PATIENT NAME \_\_\_\_\_

### CASE DESIGN

- FULL CROWN
- 3/4 CROWN
- INLAY
- OTHER
- FACING-ALL CERAMIC
- ONLAY
- OPC-ALL CERAMIC

PORCELAIN BUTT MARGIN  YES  NO



- SEND MORE
- RX'S
  - LABELS
  - BOXES

Please Call  Thank You! 281.528.5722

Net amount of invoices is due within 30 days of receipt of order, all balances beyond 30 days are subject to a finance charge of 1.5%. I agree to pay reasonable attorneys fees and collection costs if this account is referred for collections.

E-Mail: toothfairyblue@yahoo.com



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