



Masters Dental Laboratory, INC.  
30202 E. Geneva Dr.  
Spring, TX 77386

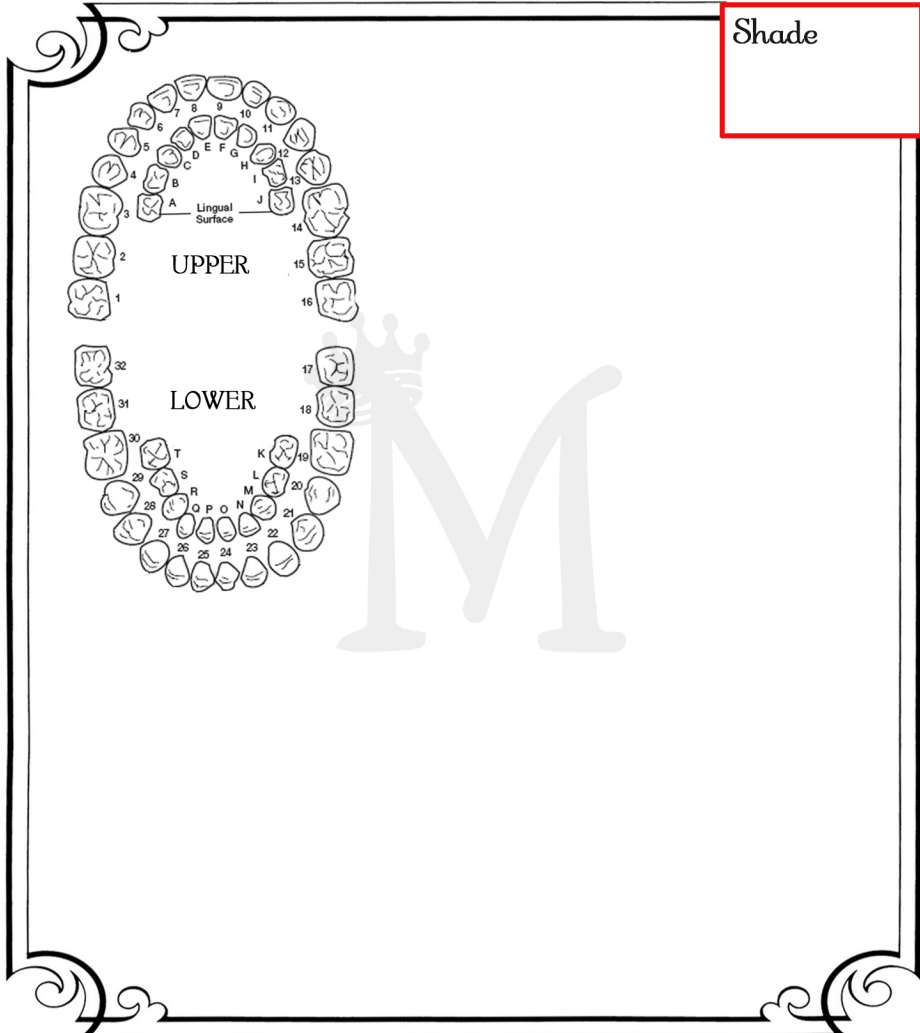
281-528-5722 lab  
281-419-0741 fax

Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Patient Name: \_\_\_\_\_

Due Date

Partials & Dentures

Shade



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Signature: \_\_\_\_\_ Date: \_\_\_\_\_ License: \_\_\_\_\_

Texas Registration NO. 02636

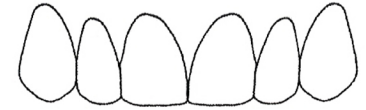
Crown & Bridge

Due Date

Patient Name: \_\_\_\_\_

Type:

- EMAX
- Empress
- Sirona In-lab
- Porcelain to Metal
- Full Gold Crown
- Full Crown
- Veneer
- Inlay
- Onlay

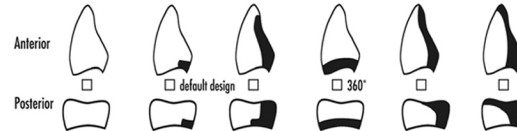


Shade: \_\_\_\_\_  
Stamp Shade: \_\_\_\_\_

Pontic Design



Metal Margin Design

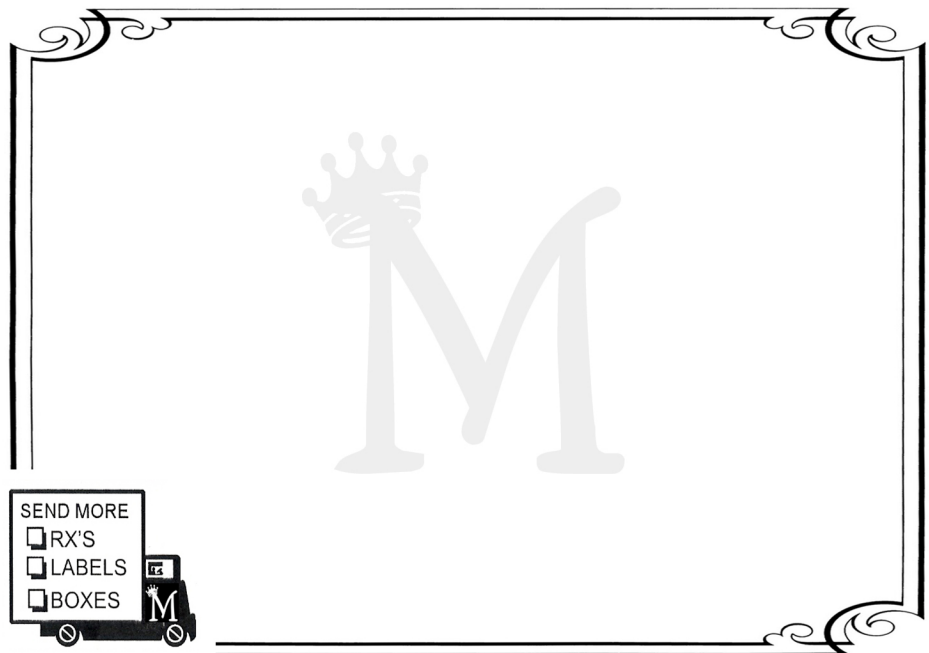


Porcelain Butt Margin

Contact Design



- Metal Options
- High Noble Yellow
  - High Noble White
  - Noble White
  - Base- N/P
- If Insufficient Occlusal Clearance:
- Reduction Coping
  - Adjust Opposing
  - Metal Occlusion



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SEND MORE

- RX'S
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- BOXES

All accounts are payable within 15 days of statement date; the statement date is the last working day of each month.  
Accounts not paid within stated terms will be subject to COD status and a late charge of 2% of the unpaid balance. I agree to pay reasonable attorneys fees and collection cost if this account is referred for collection.