

# ADVANCED DENTAL ARTS, INC.

185 W. Madison Ave, El Cajon, CA 92020  
619.588.6001 • Fax 619.588.6008



Please Indicate Desired Style!

Case # \_\_\_\_\_

DOCTOR \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ Due Date \_\_\_\_\_

Patient \_\_\_\_\_ Time \_\_\_\_\_ Order Date \_\_\_\_\_

C&B SPECIFICS

ALL PORCELAIN  DWT

E-MAX

ZIRCONIA

LAVA

Shade Guide and Shade \_\_\_\_\_

Teeth Nos. \_\_\_\_\_

PFM

NP  W

SP  W

EURO 40%  W

65%AU  W

87%AU  Y

99%AU  Y

FMC

NP  W

SP  W

50%AU  Y

80%AU  Y

88.3%AU  Y

DENTURE-PARTIAL-SPECIFICS

DENTURE  CUSTOM TRAY

RELINE  TRY-INS

REPAIR  Framework

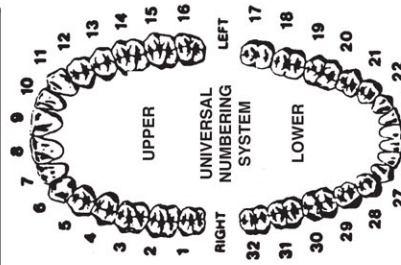
STAYPLATE  Biteblock

NIGHTGUARD  Set-up

BLEACH TRAY  FINISH

PARTIAL  UPPER

UNILATERAL  LOWER



SPECIAL SHADING

Accounts are due and payable by the 10th of the following month.  
A late charge of 1.5% will be added to all past due invoices.

**SPECIAL INSTRUCTIONS**

Doctor's Signature \_\_\_\_\_

License no. \_\_\_\_\_

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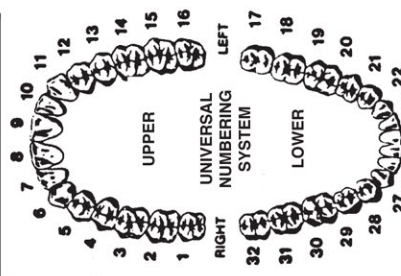
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