

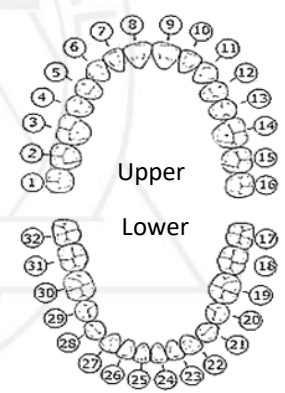


Mike's Superior Dental Laboratory

25407 Stanolind Rd, Tomball, TX 77375

Schedule a pickup in seconds at www.thesuperiorlab.com or call 281-257-4995.

<i>FDL</i>	<i>Est#</i>	<i>Inv#</i>	<i>Pan#</i>
Patient Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Dental Office, Location & Phone
			Send <input type="checkbox"/> Rx Slips <input type="checkbox"/> Labels <input type="checkbox"/> Boxes
			Return by 5:00 p.m. on
DENTURE <input type="checkbox"/> Economy <input type="checkbox"/> Premium <input type="checkbox"/> Implant/Hybrid	Include <input type="checkbox"/> Strength Mesh/Bar Regular <input type="checkbox"/> Strength Mesh/Bar Elite <input type="checkbox"/> Denture Maintenance Kit	<p>We are happy to lend our articulators with outgoing try-ins. Please return to the lab. <i>Lab will charge for articulators that are not returned. Thank you.</i></p>	
FLIPPER/PARTIAL <input type="checkbox"/> Acrylic <input type="checkbox"/> Flexible Valplast <input type="checkbox"/> Superior Clearflex	Design <input type="checkbox"/> Nesbit (Minimal Palate) <input type="checkbox"/> Flipper (Up to 3 Teeth) <input type="checkbox"/> Partial (4 Or More Teeth)	<h2>Rx NOTES</h2> <div style="text-align: right; margin-top: 20px;"> <p>GENERAL STEPS</p> <input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite Block <input type="checkbox"/> Teeth Try-in <input type="checkbox"/> Finish <input type="checkbox"/> Inject Finish <p>OTHER</p> <input type="checkbox"/> Denture Clean <input type="checkbox"/> Rebase <input type="checkbox"/> Repair <input type="checkbox"/> Reline Hard <input type="checkbox"/> Reline Soft <p>GUM SHADE</p> <input type="checkbox"/> Pink Lucitone <input type="checkbox"/> Ethnic Light <input type="checkbox"/> Ethnic Medium <input type="checkbox"/> Ethnic Dark <p>TOOTH SHADE</p> <input type="checkbox"/> Premium <input type="checkbox"/> Economy </div>	
FRAMEWORK <input type="checkbox"/> FW w/Acrylic <input type="checkbox"/> FW w/Valplast <input type="checkbox"/> Add Clear Clasp	<input type="checkbox"/> Design Only <input type="checkbox"/> FW Only <input type="checkbox"/> w/Bite Block <input type="checkbox"/> w/Teeth		
	<input type="checkbox"/> Horseshoe <input type="checkbox"/> Ant/Post Strap <input type="checkbox"/> Palatal Strap <input type="checkbox"/> Lingual Plate <input type="checkbox"/> Lingual Bar		
TEETH TO REPLACE			
TMD/TMJ SPLINTS <input type="checkbox"/> Hard Night Guard <input type="checkbox"/> Hard/Soft Day Guard <input type="checkbox"/> Soft Night Guard <input type="checkbox"/> Hard Day Guard <input type="checkbox"/> Hard/Soft Night Guard <input type="checkbox"/> Clearflex (monomer-free) <small>All of our TMJ splints are heat-cured, ball clasps included.</small>			
ORTHO <input type="checkbox"/> Hawley Retainer <input type="checkbox"/> Clear Hawley <input type="checkbox"/> Space Maintainer <input type="checkbox"/> Stay in Place Clear	MISCELLANEOUS <input type="checkbox"/> CT Scanning Appliance <input type="checkbox"/> Bleach Tray <input type="checkbox"/> Dual Laminate <input type="checkbox"/> Sports Guard		
Doctor's Signature		License#	Date



Conf. Delivery Date: _____
Dental Office Contact: _____
Contacted By: _____

Terms: All Invoices billed once monthly on statement. Payment for statement total is due within 30 days of statement issue date. Accounts not paid within stated terms are subject to late charge of 2% interest on unpaid balance.