

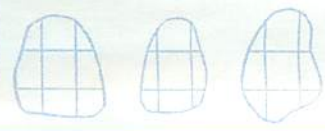
Date _____	Rx No. A 00366	Date Received _____
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Dr. _____	Somer Dental Laboratories 11707 N. Michigan Road Zionsville, IN 46077 (317) 873-1111 (800) 283-1110 www.somer.com
Street: _____	
City: _____ State: _____ Zip: _____	
Phone #: _____	

Patient: _____	Age _____	Sex _____	Shade _____ Stumpf Shade _____
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Due Date: _____ by _____ am/pm

FIXED



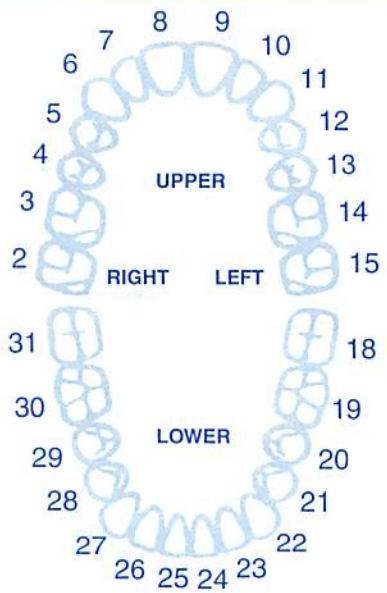
Full Cast Alloy	Porcelain Alloy	Metal Design	Metal Free
<input type="checkbox"/> High Noble (yellow)	<input type="checkbox"/> High Noble (yellow)	Porcelain Full Coverage	<input type="checkbox"/> Lava
<input type="checkbox"/> Noble (yellow)	<input type="checkbox"/> High Noble (white)	Porcelain Veneer	<input type="checkbox"/> E. Max
<input type="checkbox"/> Noble (white)	<input type="checkbox"/> Noble (white)	<input type="checkbox"/> Porcelain Butt Joint	<input type="checkbox"/> Empress
<input type="checkbox"/> Non-precious (white)	<input type="checkbox"/> Non-precious (white)	<input type="checkbox"/> 360° Butt Joint	<input type="checkbox"/> Nobel Zirconia
<input type="checkbox"/> Non-precious (yellow)	<input type="checkbox"/> Captek (yellow)	<input type="checkbox"/> Enamel Layering	<input type="checkbox"/> Laminate/Veneer
			<input type="checkbox"/> CAD Crown

Implant _____ Diameter _____ Abutment _____

REMOVABLES

DENTURE	MOULD	Anterior	Posterior	SHADE	PARTIAL
<input type="checkbox"/> Custom Tray					<input type="checkbox"/> Frame Try-in
<input type="checkbox"/> Bite Blocks	UPPER				<input type="checkbox"/> Bite Blocks
<input type="checkbox"/> Set-up	LOWER				<input type="checkbox"/> Set-up
<input type="checkbox"/> Finish					<input type="checkbox"/> Finish
					<input type="checkbox"/> Valplast
					<input type="checkbox"/> Brux-eze
					<input type="checkbox"/> Rem-e-deze

Instructions: _____



The difference is our people

Signature _____ License # _____

Return the white and yellow copies with the case. Retain the pink copy for your file.

I agree full remittance of charges incurred by this prescription is payable within ten (10) days of receipt of statement and further agree to pay all costs incurred in collection should I default, including without limitation, reasonable attorney's fees and a monthly service charge of 2% of outstanding balance.