



# Erie Shore Dental Studio LLC

215 Miller Road, Suite 5  
Avon Lake, Oh 44012-1013

440-933-3753 • keith@ereshoredental.com  
www.ereshoredental.com

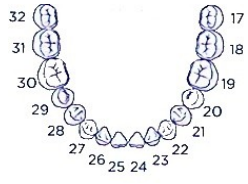
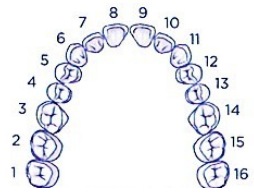


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|   |  |   |
|---|--|---|
| <b>Doctor</b>   | <b>Phone</b>   | <b>Base Shade</b> _____ <b>Stump</b> _____  |
| <b>Address</b>  |  | <b>Gingival</b> _____ <b>Body</b> _____ <b>Incisal</b> _____  |
| <b>Patient</b>  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | <b>e.max®</b><br><input type="checkbox"/> Monolithic Full Contour Crown<br><input type="checkbox"/> Layered Porcelain Crown<br><input type="checkbox"/> Laminate/Veneer<br><input type="checkbox"/> 3 Unit Monolithic Bridge 2nd Bi forward<br><input type="checkbox"/> 3 Unit Layered Porc. Brdg. 2nd Bi Forward<br><input type="checkbox"/> Inlay/Onlay |
| <b>Return Date By 5PM</b>   | <input type="checkbox"/> Case has been disinfected               | <b>Zirconia</b><br><input type="checkbox"/> Full Contour <input type="checkbox"/> Substructure  |
| <b>Instructions</b>   |  |   |
| <b>Porcelain Fused to Metal</b><br><input type="checkbox"/> High Noble Yellow <input type="checkbox"/> High Noble White<br><input type="checkbox"/> Captek Yellow Gold <input type="checkbox"/> Noble Silver Free |  |   |
| <b>Occlusal Design</b><br><input type="checkbox"/> Full Coverage<br><input type="checkbox"/> Metal Occlusal/ Lingual<br><input type="checkbox"/> Metal Island if Needed   |  |   |
| <b>Margin Design</b><br><input type="checkbox"/> Porcelain Butt Joint <input type="checkbox"/> No Metal Showing<br><input type="checkbox"/> 360° Metal Collar <input type="checkbox"/> Lingual Band               |  |   |
| <b>Full Cast Crown</b><br><input type="checkbox"/> High Noble Yellow <input type="checkbox"/> High Noble White<br><input type="checkbox"/> Noble Yellow <input type="checkbox"/> Noble White                      |  |   |
| <b>Press-tige™</b><br><input type="checkbox"/> No Prep Veneer <input type="checkbox"/> Traditional Prep Veneer  |  |   |
| <b>Implants</b><br>Type _____<br>Size _____   |  |   |
| <b>Other</b><br><input type="checkbox"/> Diagnostic wax-up<br><input type="checkbox"/> Temporary/Provisional  |  |   |



Doctor Signature

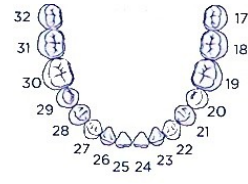
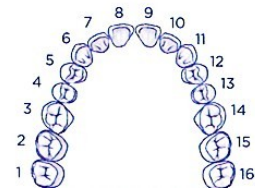
License No.

Date

By signing above, I acknowledge that this form represents my sole responsibility for payment and agree to pay all legal and collection costs in the event of suit, including reasonable fees. Terms 1.5%/10/Net 30. Service charge 2% over 30 days.

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