

Doctor: _____

Office Address: _____

Phone number: _____

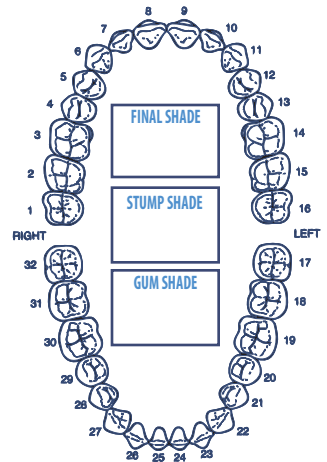
Patient Name: _____

Doctor Requested Due Date:

delivery will be by 5:00pm

Instructions:

100 Wood St. Bristol, PA 19007
www.cornerstonedl.com 877.355.9777



Enclosed with case:

- impressions models
- bite registration parts
- REMAKE/ORIGINAL work enclosed

Call before starting case

EMAIL ME if there is a problem on the case

PHOTOS - email to photos@cornerstonedl.com

DIGITAL FILES - email to digital@cornerstonedl.com

All Ceramic

- e.max crown / inlay / onlay
- cut back e.max
- veneer

Implants (choose crown type first)

- screw-retained
- cementable

Dentures Step 1:

- custom tray
- bite rim

Zirconia

- full contour zirconia
- KATANA zirconia
- layered zirconia

Abutments

- titanium
- zirconia
- gold hue

Dentures Step 2:

- cast partial framework
- wax setup try-in (full)
- wax setup try-in (partial)

Porcelain to Metal

- base
- noble
- high noble white
- high noble yellow

Dentures Step 3:

- acrylic full denture finish
- acrylic partial denture finish
- flexi partial denture finish
- denture id

DENTIST SIGNATURE REQUIRED

X _____

Date: _____

Person signing this work form accepts sole responsibility/and business is responsible for payment, agrees to pay all legal and collection fees, even in event of lawsuit.
 All account(s) payments are due by date indicated on monthly statement.
 Any account not paid within stated terms will be subject to COD account status and a 1.5% NON-REFUNDABLE late charge per month.