EASTERN DRAGON
One Stop Full Services

99 Do Bi, Phu Thanh Ward,
Ho Chi Minh City, VietNam
(+84)32 835 3483
info@edlabs.net

Dr._____ _____ Customer ID_____
PRINT PLEASE OFFICE / LOCATION

Patient _____ / _____ Age _____ ❑ **Female** ❑ **Male**
PRINT LAST NAME PRINT FIRST NAME

DUE DATE ____ / ____ / ____ **SHADE** _____

STUMP SHADE _____

❑ **Enclosed with case** ❑ Impression ❑ Models
❑ Bite ❑ Photo ❑ Partial ❑ Others _____

IMPLANTS ❑ Custom Titanium Abutment
❑ Screw Retained
❑ Cementable
❑ **Zirconia Full Contour**
❑ **Zirconia Multi Layered Full Conture**
❑ **Zirconia Porcelain Overlay**
❑ **EMAX**
❑ **Veneers** ❑ **Inlay / Onlay**
PFM ❑ Non-Precious ❑ Semi ❑ HN White Gold
FMC ❑ Non-Precious ❑ Semi Yellow Tint
❑ HN Yellow Gold

❑ **Upper** ❑ **Lower**

- ❑ Full Denture
- ❑ Partial Denture w/Metal Frame
- ❑ Valplast Partial
- ❑ Valplast Unilateral
- ❑ Valplast Combo w/Metal Frame
- ❑ Stayplate
- ❑ Nightguard _____

- ❑ Repair
- ❑ Reline
- ❑ Rebase

Ortho Retainer
- ❑ Clear
- ❑ Hawley

℞ **Implant System (Must provide):** _____
Platform Size (Must provide): _____

CERTIFIED DENTAL CDT TECHNICIAN

IF NOT ENOUGH CLEARANCE: ❑ Adjust Prep. Plus Reduction Coping ❑ Spot Opp. ❑ Call Dr.

Dr's Signature: _____ Date: _____

TERMS: 3% monthly service charge over 30 days of statement date. Customer agrees to pay full cost of collection plus attorney fees and court cost.

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