



Dr: _____

FIRST

LAST

Street: _____

City: _____ State: _____ Zip: _____

Patient: _____

Rx date: _____ Date due in office: _____

SUPPLIES REQUIRED:

- Bags
- Mailers
- Rx's

*** PROMOTIONAL RX FORM ***

Save \$30 on our new HT Zirconia

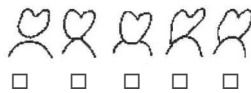
Limit one offer per doctor. May not be combined with any other offer.
No cash value. Expires 5/1/2016.

RIDGE RELIEF

Restoration Type:

- HT Zirconia

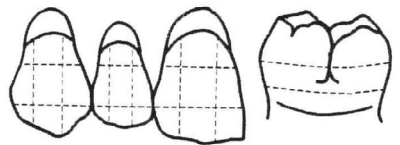
Select One:



If Insufficient Room:

- Reduce & Mark Prep
- Reduce & Mark Opposing
- Reduction Coping
- Call me

RX NOTES



SHADE

CUSTOM SHADE

- E-mail Photos

TEETH NUMBERS