



7490 Bartlett Corporate Cove West
 Bartlett, Tennessee 38133
 (P) 901.372.2820 (F) 901.372.8617
progressivelab@gmail.com

Doctor _____

Address _____

Patient _____

Male Female Age _____

FIXED

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> PFM | <input type="checkbox"/> Non-precious |
| <input type="checkbox"/> Captek Crown | <input type="checkbox"/> Semi-precious (White) |
| | <input type="checkbox"/> Precious (White) |

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Full Cast | <input type="checkbox"/> Non-precious |
| <input type="checkbox"/> Cast Post | <input type="checkbox"/> Semi-precious (White) |
| | <input type="checkbox"/> Precious (Yellow) |

All Ceramic

- e.max
- Layered Zirconia
- Solid Zirconia

If No Occlusal Clearance








- Die-Relief Coping
- Metal Occlusion
- Metal Stop
- Adjust Opposing

Shade _____

Single Tooth # _____

Bridge Teeth # _____

Design

Default  <input type="checkbox"/>  <input type="checkbox"/>	 <input type="checkbox"/>  <input type="checkbox"/>	 <input type="checkbox"/>  <input type="checkbox"/>	Porcelain Butt Margin  <input type="checkbox"/>
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Date Sent _____ Date Wanted _____

Rx



\$20 OFF NEXT CASE!

SAVE \$20

Promo Code: PRPOMO. Limit one coupon per doctor. May not be combined with any other offer. No cash value.

Removable

Denture

- Base Plate/Bite Rim
- Set Teeth
- Finish

Cast/Acrylic Partial

- Set Teeth
- Cast Frame
- Finish

Flexible Partial

- Set Teeth
- Cast Frame Combo
- Finish

Teeth

Shade _____
 Mould _____

Acrylic

- L199
- (1/2 & 1/2) L199
- Dark L199

Doctor Signature _____ License # _____

Has This Case Been Disinfected? ___ Yes ___ No Send Supplies: ___ Shipping Labels ___ Rx ___ Boxes

Terms: Accounts are net cash fifteenth of month following purchase. If not paid in 30 days subject to 1.5% finance charge per month of unpaid balance. Approximately 18% annual percentage rate if not paid within 60 days - attorney fees, cost of collection and continuing interest shall be added.