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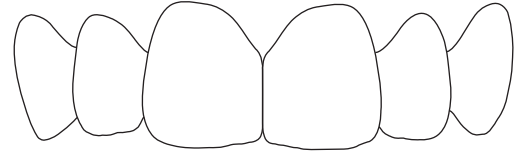
CUSTOM SHADE DATE	FINISH DATE
DR'S PHONE NO	DR
AGE	SEX
INVOICE #	PATIENT
	PAN #
PREVIOUS LAB RECORD	

TOOTH NUMBER	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

<input type="checkbox"/>	CAL SMILE OPAL PFM		
<input type="checkbox"/>	CAL SMILE ALL CERAMIC :	e-Max / Zirconia	
<input type="checkbox"/>	CAL SMILE VENEER :	e-Max / Feldspathic	
<input type="checkbox"/>	SAM'S SIGNATURE CROWN		
<input type="checkbox"/>	NEW WAVE CROWN :	Regular / Opal	
<input type="checkbox"/>	IMPLANT	Type: _____	Size: _____

FINAL SHADE _____

PREP SHADE _____



* For all inquiries and digital files, please send to: info@californiasmile.us

OTHER ENCLOSURES

<input type="checkbox"/>	PICTURES
<input type="checkbox"/>	PHOTO BY E-MAIL
<input type="checkbox"/>	ANALOG

<input type="checkbox"/>	CD
<input type="checkbox"/>	BITE REGISTRATION
<input type="checkbox"/>	STUDY MODELS
<input type="checkbox"/>	OTHER _____

LAB USE

Signature: _____

D.D.S. License #: _____

All accounts shall be due within 30 days of billing statement. Any accounts not paid in full within the stated term shall be subject to COD status and assessed 3% late fee per month until balance is paid. In the event financial ability of Customer becomes questionable, unsatisfactory, unreliable, and/or impaired, in its sole discretion, PM 23, Inc. (d.b.a. California Smile) may require advance cash, cashier check, or money order security reasonably satisfactory to California Smile at the time an order is made. All sales and shipments may be withheld until receipt of advance payment or security. Customer shall be responsible for any and all reasonable costs and attorney fees incurred by California Smile for collection efforts on delinquent accounts. All lawsuit or arbitration arising from breach of Agreement shall be filed or conducted within the jurisdiction of Los Angeles County.