



Prosthodont Dental Studio
 42603 Garfield Rd., Clinton Twp. MI 48038
 586-263-7100 or 1-800-9-TEETH-9

Date _____

DUE DATE _____

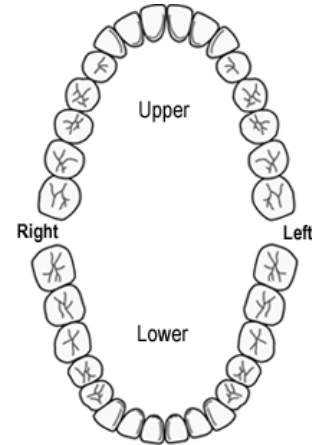
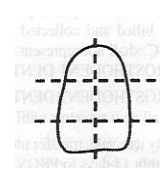
Dr. _____ Phone # _____

Address _____
 (City) (State) (Zip)

Patient Name _____ Sex: Male Female

Opposing Restored Try In Bisque Bake Finish Custom Shade in Lab

CROWN & BRIDGE	IMPLANTS	ALLOY
PVC	Abutment	High Noble
<input type="checkbox"/> w/butt margin	<input type="checkbox"/> Titanium	<input type="checkbox"/> Yellow
<input type="checkbox"/> w/buccal band	<input type="checkbox"/> Zirconia	<input type="checkbox"/> White
<input type="checkbox"/> w/metal occlusal		Alloy _____
ALL CERAMIC	Parts	<input type="checkbox"/> X-Ray
<input type="checkbox"/> Alumina	<input type="checkbox"/> Impression Post	<input type="checkbox"/> Letter
<input type="checkbox"/> Zirconia	<input type="checkbox"/> Analog	Tech's Initials: _____
<input type="checkbox"/> Empress	<input type="checkbox"/> Abutment	
Stump Shade _____	<input type="checkbox"/> Soft Tissue	



REMOVABLE	DENTURES	PARTIALS	BITE SPLINTS	Notes:
U L <input type="checkbox"/> Denture <input type="checkbox"/> Cast Partial <input type="checkbox"/> Immediate <input type="checkbox"/> Temp Partial <input type="checkbox"/> Flex. Partial <input type="checkbox"/> Reline <input type="checkbox"/> Occlusal Guards Hard _____ Soft _____	U L <input type="checkbox"/> Base Plate <input type="checkbox"/> Wax Try-In <input type="checkbox"/> Process Soft Liner _____ <input type="checkbox"/> Remount/Reset <input type="checkbox"/> Tooth Colored Clasps <input type="checkbox"/> Implant Surgical Guide	Shade: _____ Mould: _____ Dentist Signature: _____ License# _____		

Customer agrees to pay in full the stated price of the goods, plus any late payment penalties, plus all costs of collection including attorney's fees.
General Laboratory Services: All accounts are due and payable upon receipt of each monthly statement. Unpaid balances of 30 days will be charged an additional 1 1/2% each month or 18% per year. Unpaid balances of 60 days or more will be charged 2% per month or 24% per year which will be added to the unpaid balance.

Each order or prescription filled, or appliance made, constitutes a complete and separate transaction to be billed and collected as such. Acceptance of new orders by **Prosthodont Dental Studio, Inc.** shall not represent any accord and satisfaction and shall not relieve customer of any indebtedness to **Prosthodont Dental Studio, Inc.**

Prosthodont Dental Studio, Inc. may from time to time require a deposit or ship goods C.O.D. to all new accounts until credit is established.

Any use, sale, transfer modification of the appliance or failure to reasonably notify and return the appliance within 14 days to **Prosthodont Dental Studio, Inc.** shall constitute acceptance. Any defects in returned goods must be particularized and **Prosthodont Dental Studio, Inc.** retains the right to effect cure of the defect.

Customer dentist must examine all appliances and determine their fitness for any intended usage. There are no express warranties and **Prosthodont Dental Studio, Inc.** gives no implied warranty of fitness for a particular purpose.

This transaction shall be governed by the law of Michigan. Acceptance of the goods constitutes acceptance of all terms and conditions herein. This writing evidences the complete and final expression of the agreement. This agreement shall be binding on, and shall inure to the benefit of the parties to it and their respective heirs, legal representatives, successors and assigns. If any legal action, arbitration or other proceeding is brought for the enforcement of this agreement, or because of an alleged dispute, breach, default or misrepresentation in connection with any of the provisions of this agreement, the successful or prevailing party or parties shall be entitled to recover as an element of their damages reasonable attorney's fees and other costs incurred in that action or proceeding, in addition to any other relief to which said prevailing party may be entitled. This agreement shall be construed in accordance with, and governed by the laws of the State of Michigan, Township of Clinton. This agreement is deemed to have been entered into, and primary performance will be deemed to be in Macomb County, Michigan.