



Removeable RX

Teeth Substrate:

- Plastic
- Composite
- Porcelain
- Other: _____

For Office Use Only

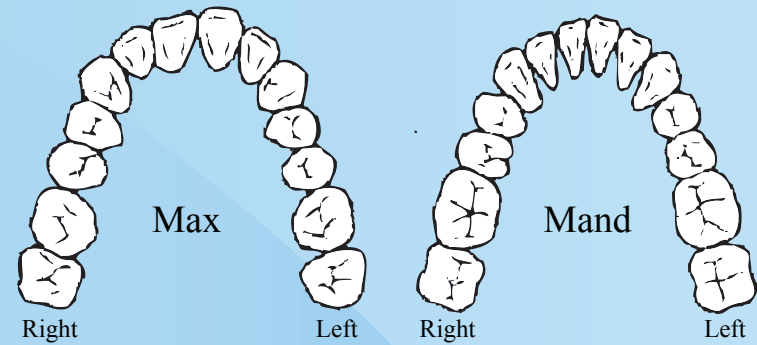
Ship by: _____
 Shipping In _____

Dentist Name _____
 Dentist Phone _____
 Dentist Lic # _____
 Patient Name _____
 Patient Age _____ Gender _____

RX Date: _____

Due Date: (required) By Noon
 By 5pm

Incomplete Lab Slip may delay production



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

MOLD: **SHADE:**

E-mail pictures to zigotechnologiesinc@cox.net

Special Instructions:

- Call Doctor
- *Allow 2 more days

Payment Method:

- *New Clients will be billed by credit card unless credit application has been completed
- Visa Mastercard
 - American Express *Invoice

Card # _____

Expiration Date _____

Authorized Signature _____

Ship To:

Practice _____

Address _____

City _____ State _____ Zip Code _____

Dentist Final Approval of Completed Form

Dentist Signature _____

BIOCOMPATIBLE DENTAL TECHNOLOGIES

zigolabs.com

ZIGO TECHNOLOGIES OFFICE: (602) 339-2460