



Date	Rx No. A	Date Received
Dr. _____		Somer Dental Laboratories 11707 N. Michigan Road Zionsville, IN 46077 (317) 873-1111 (800) 283-1110 www.somer.com shades@somer.com
Street: _____		
City: _____ State: _____ Zip: _____		
Phone #: _____		
Patient: _____	Age _____ Sex _____	Shade _____ Stumpf Shade _____
Due Date: _____ by _____ am/pm		

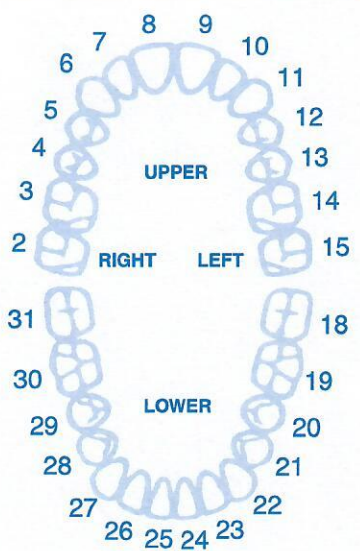
FIXED

Full Cast Alloy <input type="checkbox"/> High Noble (yellow) <input type="checkbox"/> Noble (yellow) <input type="checkbox"/> Noble (white) <input type="checkbox"/> Non-precious (white) <input type="checkbox"/> Non-precious (yellow)	Porcelain Alloy <input type="checkbox"/> High Noble (yellow) <input type="checkbox"/> High Noble (white) <input type="checkbox"/> Noble (white) <input type="checkbox"/> Non-precious (white)	<input type="checkbox"/> Porcelain Full Coverage <input type="checkbox"/> Porcelain Veneer <input type="checkbox"/> Porcelain Butt Joint <input type="checkbox"/> E. Max <input type="checkbox"/> Aesthetically Layered <input type="checkbox"/> Full Contour Zirconia (Som-Zir) <input type="checkbox"/> Aesthetically Layered
Implant	Diameter	Abutment

REMOVABLES

DENTURE <input type="checkbox"/> Custom Tray <input type="checkbox"/> Bite Blocks <input type="checkbox"/> Set-up <input type="checkbox"/> Finish	MOULD	Anterior	Posterior	SHADE	PARTIAL	
	UPPER				<input type="checkbox"/> Frame Try-in	<input type="checkbox"/> Flexible Partial
	LOWER				<input type="checkbox"/> Bite Blocks	<input type="checkbox"/> Brux-eze
					<input type="checkbox"/> Set-up	<input type="checkbox"/> Rem-e-deze
					<input type="checkbox"/> Finish	

Instructions:



Photos sent to shades@somer.com

The difference is our people

I agree full remittance of charges incurred by this prescription is payable within ten (10) days of receipt of statement and further agree to pay all costs incurred in collection should I default, including without limitation, reasonable attorney's fees and a monthly service charge of 2% of outstanding balance.

Signature _____ License # _____
Return the white and yellow copies with the case. Retain the pink copy for your file.