



Email: missy@hermitagelab.com

Accounting: jennifer@hermitagelab.com

Doctor Name: _____ Date: _____

Patient Name or Number: _____

(Lab Use Only)

Sex: _____ Age: _____



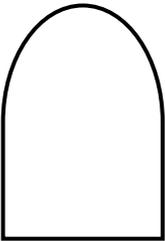
Lab Delivery Date: _____

(Case will be delivered by 4pm on this day)

*Please do not count Saturdays, Sundays, Holidays, or days in transit as workdays.

SHADE: _____

Custom Shade: YES / NO



Shade Blend

ALL CERAMIC (Please Circle)

- Layered Zirconia
- Layered Lithium Disilicate
- Full Lithium Disilicate
- Full Zirconia

PORCELAIN TO METAL

- PFM to High Noble
- PFM to Noble
- PFM to Non-Precious

FULLCAST- GOLD OR SILVER

REMOVABLE

- Bite Block
- Custom Tray
- Set up for Try In
- Process & Finish
- Set & Finish
- Cast Frame
- Flex Partial
- Acrylic Partial



License No: _____ Date: _____

Personal Signature of Dentist: _____

*Payment on invoice is due by the last day of the month following the date of the invoice. Any invoices not paid by due date are subject to a 1.5% service charge. Any account holding a 60-day past due balance will be placed on credit hold.