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INVOICE

Invoice # _____
Date Rec _____
Pmt.Rec _____

Web www.allamericadentallab.com

Dr. _____ Account # _____

Address _____

Patient _____

Type of Restoration _____

Date Prepared / /

Due Date / /

Sex Male Female Age _____

SHADE _____

PRODUCTS

- | | | |
|---|--|---|
| <input type="checkbox"/> PFM non-precious | <input type="checkbox"/> PFM Semi-Precious | <input type="checkbox"/> PFG White Gold |
| <input type="checkbox"/> PFG Yellow Gold 73% | <input type="checkbox"/> PFG Yellow Gold 89% | <input type="checkbox"/> Captek Metal Lingual |
| <input type="checkbox"/> Captek metal Occulusal | <input type="checkbox"/> Captek Nano | <input type="checkbox"/> Captek full Coverage |
| <input type="checkbox"/> FMC non-precious | <input type="checkbox"/> FGO onlay 68.9% | <input type="checkbox"/> FGC 68.9% |
| Metal Free Products | | |
| <input type="checkbox"/> IPS Empress II Veneer | <input type="checkbox"/> IPS Empress Crown | <input type="checkbox"/> IPS e.max |
| <input type="checkbox"/> Lava | <input type="checkbox"/> Porcera | <input type="checkbox"/> Wol Ceram |

Signature _____ License# _____ Date Shipped _____

RETURE ORIGINAL&1COPY