



6415 Forest Meade Drive • Hixson, TN 37343 • 423-602-8285

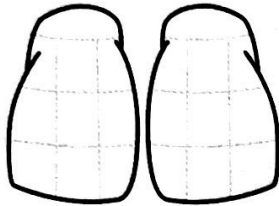
Doctor's Name _____ Date & Time Requested _____

Patient's Name _____ Date Sent _____

Male _____ Female _____ Facial Shape _____ Shade _____

Shade Guide Used _____

Mold _____

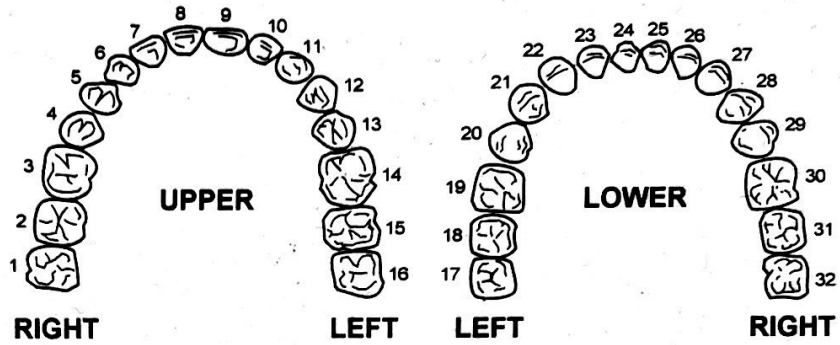


CHARACTERIZATIONS

Delicate Medium Vigorous

TRY IN

Wax Metal Bisque



Instructions Try In Finish

Terms: The Truth-in Lending Law requires us to advise you of our Credit Policy. Balance is due and payable by the 15th of the month following month of purchase. A service charge of 1.5% per month (annual rate of 18%) will be applied to any unpaid balance. Any legal fees or other costs required to collect any unpaid balance will be charged to the customer. Accounts late beyond 30 days will automatically be placed on C.O.D.

WE NEED: PRESCRIPTION FORMS

Signature of Dentist _____

License No. _____