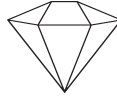


LABORATORY WORK AUTHORIZATION*

DIAMOND DENTAL STUDIO, INC.
671 S. County Road 173, Byers, CO 80103
(303)822-6666 or cell (303)929-7677
Toll Free (866)431-5111



FINISHED DATE (DELIVERED BY 5PM) _____

DENTIST'S LICENSE NUMBER	STATE

FROM DR. _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____

PATIENTS NAME OR NO. _____

MATERIALS TO BE USED _____

PATIENT DATA MALE FEMALE AGE _____

SHADE _____

INSTRUCTIONS

SIGNATURE _____ DATE _____

WORK AUTHORIZATION MUST BE RETAINED BY DENTIST & LAB FOR 2 YEARS
*IN ACCORDANCE WITH DENTAL PRACTICE ACT. SEC. 12-35-103(11) & RULE VIII

Please read the terms and conditions on the back of this prescription form.

DIAMOND DENTAL STUDIO, INC.

Terms and Conditions

By placing your order with this prescription form, you agree to the following terms and conditions.

- 1) Payment. All accounts are due in full and payable by the 15th of the following month. If your account is not paid by the 15th, your balance shall accrue interest at the rate of 1.5% per month, and your account shall be placed on COD status. In addition, you agree to pay all costs of collection incurred by Diamond Dental Studio, Inc. including attorneys fees, if your account balance is not paid pursuant to these terms and conditions.

- 2) Remake policy. If for any reason a case needs to be remade, the old restoration, including models and original impressions, must be returned to our lab with the new impression. Not returning the case will result in a new restoration being made at full price. Full credit will not be given in instances where a doctor adjusts the preparation, changes the restoration design, shade change, or changes the type of restoration.

Received with case

Impression

Bite

Other

Opposing

Crown/Bridge