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 marvitdental.com

LAB USE ONLY	
Called Dr.	/ /
Dr. called	/ /

DUE DATE

DOCTOR _____
ADDRESS _____
CITY _____ **ST** _____ **ZIP** _____ **PHONE** _____
E-mail _____
PATIENT _____ **SEX** M / F **AGE** _____

DENTURE

- Acrylic Denture
- Flexible Denture
- Over Denture w/attachments
- Over Denture w/Hader bar
- Economy Teeth
- Premium Teeth

CROWN & BRIDGES

- Zirconia Crown
 - Emax Crown
 - PFM Crown
 - Coping try in
 - Pontic Design
 - Solid
 - Porcelain Layered
-

IMPLANT RESORATION

- Implant Platform / brand #
- Screwretained crown #
- Crown with Custom Abutment #
- Crown with Stock Abutment #
- Temp Crown #

ALL ON 4 RESTORATION

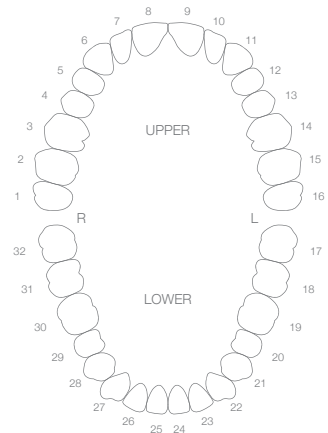
- Screw Retaine Hybrid Denture (acrylic teeth with Ti bar)
- Solid Hybrid Zirconia (cutback available)
- Ziconia crowns over Peek/Titanium (TBD)

CASE INSTRUCTIONS:

Single crowns
 Splint crowns

SHADE
 Stump Shade _____

Design Your Case



DR'S SIGNATURE _____ **LICENSE#** _____

Dentist agrees to company policy. Dentist agrees to pay in full the stated price of Goods within 21 days after the date of sttlement. Dentist must completely clean all blood and saliva from all materials used in the mouth, and must desinfectall items before sending them to Marvit Dental. The Dentist has the right to inspect Goods prior to acceptance. If Goods are not returned to Marvit within 10 days, this will mean acceptance of Goods. The Dentist agrees to pay all legal and collection costs in the event of suit, including reasonable attorney fees.