



DENTAL LABORATORY INC.
Full Service Laboratory

301 South First Street, Champaign, IL 61820
(217) 398-0090 (800) 742-3629 FAX (217) 398-8098
www.ragledental.com

Doctor's Account # _____ Phone # () _____

Dr. _____

Patient _____ / _____

AGE: _____ LAST _____ FIRST _____
MALE FEMALE

REQUESTED DELIVERY DATE

See time schedule _____ / _____ / _____
TIME MO DAY

- PLEASE SEND:**
- Prescriptions
 - Large Boxes
 - Small Boxes

See Reverse Side for Terms and Conditions

Special Imagine Full Zirconia Rx Offer*

Send this Rx with your First 5 Imagine™ Anterior Zirconia cases to save \$30 per unit.
Offer expires December 31, 2016 *Price does not include shipping or applicable taxes.
Up to five cases per customer.

CASE ENCLOSURES:

- Impressions
- Models
- Bite(s)
- Other _____

VIRTUE - Select Restoration

- Imagine™ Anterior Zirconia

SHADING:

_____ Tooth Shade _____ Stump Shade
(required for all-ceramic crowns)

OCCCLUSION: (posterior indication only)

- Centric Contact
- Tapepull
- VO1/Vertically out .1mm*
- VO2/Vertically out .2mm (\$5)
- VO3/Vertically out .3mm (\$10)
- VO4/Vertically out .4mm (\$15)
- VO5/Vertically out .5mm (\$20)

OCCLUSAL STAINING

- None Light* Medium Heavy

CONTACTS

- Light Standard* Strong

IF MINIMAL CLEARANCE

- Relieve Opposing*
- Reduction Coping
- Make permanent note

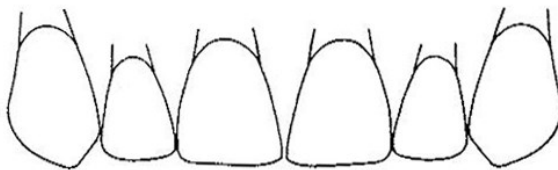
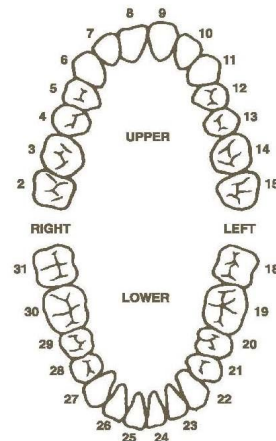
RX Instructions:

*Standard unless specified

Promo Code

Imag1216

Please circle tooth #'s:



Signature of Dentist Required

Dentist License #