



NDX RELIANCE®

PATIENT _____ SOCIAL SECURITY NO _____

| PORCELAIN TO METAL | | FULL CAST CROWN | | PARTIALS | | DENTURES | |
|--------------------|--------------------------|-----------------|--------------------------|---------------|--------------------------|---------------|--------------------------|
| BASE ALLOY | <input type="checkbox"/> | NOBLE WHITE | <input type="checkbox"/> | SL | <input type="checkbox"/> | SL | <input type="checkbox"/> |
| NOBLE 2% | <input type="checkbox"/> | NOBLE 20% | <input type="checkbox"/> | * HOUSE TEETH | | * HOUSE TEETH | |
| HIGH NOBLE 40% | <input type="checkbox"/> | NOBLE 40% | <input type="checkbox"/> | DELUXE | <input type="checkbox"/> | SUPERIOR | <input type="checkbox"/> |
| HIGH NOBLE 80% | <input type="checkbox"/> | HIGH NOBLE 60% | <input type="checkbox"/> | * PLUS TEETH | | * PLUS TEETH | |
| | | | | EQUIPOISE | <input type="checkbox"/> | | |

* GOLD% ARE APPROXIMATE

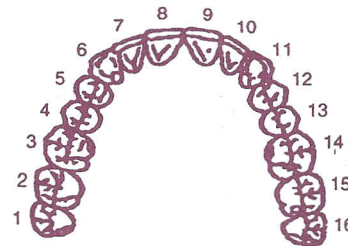
| | |
|--|-------|
| | SHADE |
| | MOLD |

DUE DATE _____

TRY IN FINISH

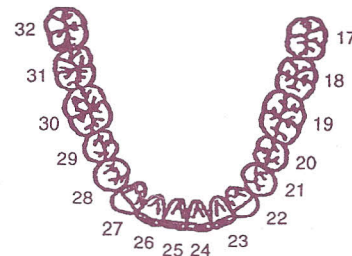
CONFIRMATION # _____

HOUSE TEETH



RIGHT

LEFT



AUTHORIZED SIGNATURE

LICENSE NO.

A 1 1/2% finance charge per month on any balance over 60 days. I agree to pay any reasonable attorney fees and collection costs if this account is referred for collection.

H & O DENTAL LABORATORY

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