

Bonfate DENTAL LAB

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Toll Free : 800-233-9439
Fax : 866-680-0949

Doctor _____ Phone # _____

Patient _____ Age _____ M
First / Last F

Today's Date _____ Due Date _____
By 4:00 PM

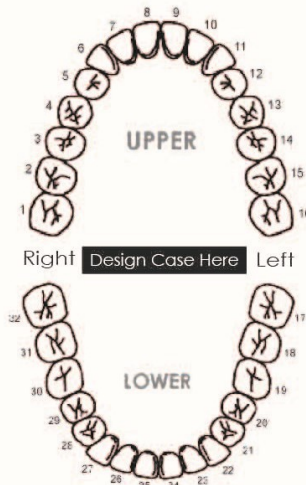
Implant <input type="checkbox"/> Genuine <input type="checkbox"/> Screwmentable <input type="checkbox"/> Generic <input type="checkbox"/> Screw Retained <input type="checkbox"/> Gold Anodize <input type="checkbox"/> Custom Abutment Type _____ Platform _____ <input type="checkbox"/> Straumann <input type="checkbox"/> Nobel <input type="checkbox"/> Zimmer <input type="checkbox"/> Implant Direct <input type="checkbox"/> Other _____ <input type="checkbox"/> BioHorizons		<input type="checkbox"/> All on X PMMA <input type="checkbox"/> All on X Zirconia <input type="checkbox"/> Implant Immediate Temp Crown <input type="checkbox"/> Implant Planning <input type="checkbox"/> Implant 3D Surgical Guide <input type="checkbox"/> Chairside JIG Appointment
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All Ceramic	Metal	PFM
<input type="checkbox"/> Full Contour Zirconia	<input type="checkbox"/> Full Cast Non-Precious	<input type="checkbox"/> Non-Precious
<input type="checkbox"/> Micro Layered Zirconia	<input type="checkbox"/> Full Cast Noble	<input type="checkbox"/> Noble
<input type="checkbox"/> Lithium Disilicate	<input type="checkbox"/> Full Cast High Noble Yellow	<input type="checkbox"/> High Noble

R_x

_____ Shade

_____ Stump Shade



- Call About This Case
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Signature _____ License No. _____