



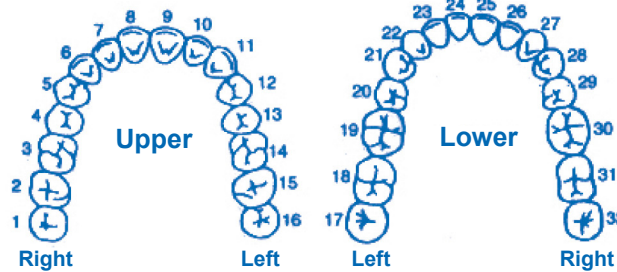
STERN EMPIRE DENTAL LABORATORY

1805 W 34TH Street • Houston, Texas 77018

713-688-1301 • 1-800-229-0214

Fax: 713-688-0267 • sternempire.com

Texas Registration #1



DENTURES

Upper

Lower

- Custom Tray
- Occlusal Rim
- Esthetic Control Base
- Perforated Tray
- Intra-oral Tracer
- Neutral Zone

SET-UP

- Ideal
- Lingualized Occlusion
- Balance Occlusion
- Follow Study Model

TEETH

- Premium
- Standard

PROCESS

Acrylic Type

- High Impact
- Ivocap
- Soft Liner

Acrylic Shade

- Standard Pink
- Ethnic Mild
- Ethnic Moderate
- Ethnic Heavy

PARTIALS

Upper

Lower

Flexible

- Try-in
- Set and Finish
- Add Metal Frame (Combo)

Metal Framework

- Frame Try-in
- Frame with Set-up
- Frame with Bite Block
- Frame with Finish

Ortho • Guards • NTI tss

NTI-tss Plus™ & OCCLUSAL GUARDS

- Thermo-Guard™
- Dual Night Guard
- NTI-tss Plus
- Acrylic Night Guard

FIXED / REMOVABLE ORTHO

- Lingual Arch
- Band and Loop
- Hawley
- Other _____

SNORING & SLEEP APNEA

- TAP®
- EMA Snoreguard

BruxZir
Total Zirconia Crowns

e.max

SE
STERN EMPIRE DENTAL LABORATORY

valplast
Flexible Partial

Thermo-Guard

NTI-tss plus

SEND MORE

- RX's
- Labels
- Boxes

PLEASE PRINT

Patient Name _____ Male Female

Address _____ Age _____

Due Date _____

FIXED

PFM's

- High Noble White
- High Noble Yellow
- Predominantly Base
- Captek®

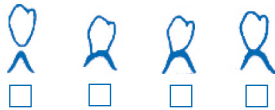
CERAMICS

- e.max®
- BruxZir®
- SEZ Zirconia™
- Lava™
- Empress®

FULL CAST

- High Noble
- Noble Yellow
- Noble White
- Predominantly Base

Pontics



PORCELAIN BUTT MARGIN Yes No

DR. TO TRIM DIE Yes No

PORCELAIN TO METAL DESIGN



IF INSUFFICIENT OCCLUSAL CLEARANCE

- Please Call
- Reduce / Mark on Opposing

Shade _____

Try-In

Finish

DATE _____ LICENSE NO. _____

DR.'s SIGNATURE _____

For Lab Use Only

Case # _____ Pan # _____

Net amount of invoice is due within 30 days of order; all balances beyond 30 days are subject to finance charge of 1.5%. I agree to pay reasonable attorneys fees and collection costs if this account is referred to collection.