

# DFW DEN-TEK

dfwdentek@yahoo.com TDL 01504 FAX: 972-243-8739  
3767 Forest Lane Ste 129 Dallas TX 75244

**972-243-7300**  
**dfwdentek.com**

Doctor: \_\_\_\_\_

Office: \_\_\_\_\_

Patient: \_\_\_\_\_

Shade \_\_\_\_\_ Return Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

**PREMIUM** or **BASIC**

Try In Framework Try In Bite Block Try In Teeth Finish

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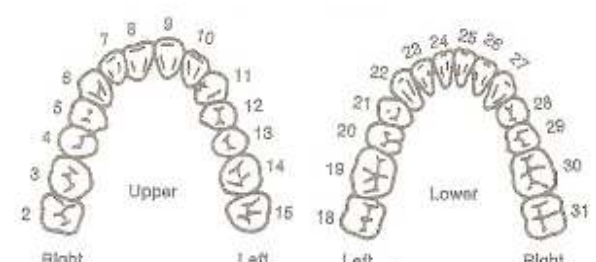
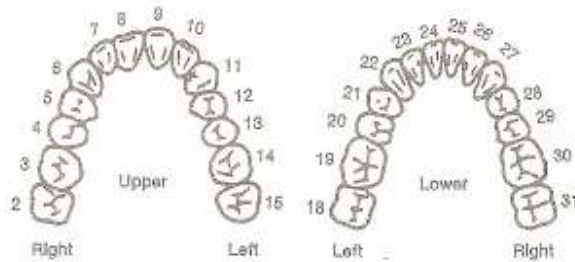
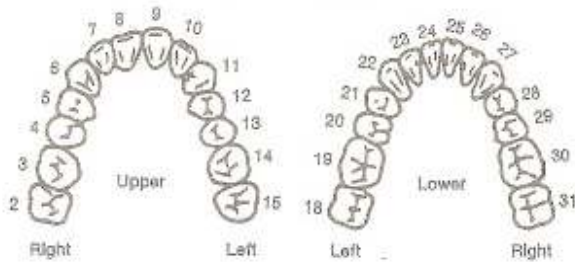
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**PREMIUM** or **BASIC**

Try In Framework Try In Bite Block Try In Teeth Finish



Date \_\_\_\_\_ Doctor's Signature \_\_\_\_\_ Lic. No. \_\_\_\_\_

TERMS AGREEMENT: THE NET TOTAL OF EACH STATEMENT IS DUE BY THE 15<sup>TH</sup> OF EACH MONTH. ALL BALANCES NOT RECEIVED BY THE 25<sup>TH</sup> ARE SUBJECT TO A 1.5% FINANCE CHARGE. I AGREE TO PAY ALL ATTORNEY FEES AND COLLECTION COSTS IF THIS ACCOUNT IS REFERRED FOR COLLECTION.

**OUR BUSINESS CONTINUES TO GROW THROUGH REFERRALS!**

Date \_\_\_\_\_ Doctor's Signature \_\_\_\_\_ Lic. No. \_\_\_\_\_

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