



Dental Office Address : _____
Street Number

City State Zip

Date : _____
e-mail

Phone number

Doctor : _____ License #: _____

Patient : _____
(Last Name, First Name) Sex: M F

Other Special Instruction

\$149.00*/unit

Clear Path Society Offer

Expires February 28, 2011

*Plus Shipping \$14.00 round trip

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD NUMBER

Four empty boxes for credit card number

EXPIRATION DATE: _____

CREDIT CARD BILLING ADDRESS

STREET: _____

CITY: _____ STATE _____ ZIP _____

NAME ON CARD: _____

AUTHORIZED SIGNATURE _____

Return date: _____

Example (January 10, 2010)

Allow 10 working days for fabrication (excluding shipping, Holidays and weekends.)
Rush shipping available with additional cost.

PMR Titanium Crown \$149 per unit

1. Fill out RX and provide Credit Card information.
2. Go to: www.seabrookdentallab.com and print out Return Mailing Label
3. Remember to include: Rx, Impression, Bite Registration, Opposing Arch and Study Models