



ZIRCONIA CROWNS

Order Form

DATE OF ORDER

/ /

How did you hear about us?

Doctor: Office: Telephone:

Shipping Address: City: State: Zip:

Billing Address (If different than shipping address):

Credit Card No. Exp: / CVV:

	Anterior & Cuspids	Kit	Posteriors / Molars	Kit		
Lower Incisors	U 1	U 2	U 3	U 4	U 5	U 6
UR Central	AUR 1	AUR 2	AUR 3	AUR 4	AUR 5	AUR 6
UL Central	AUL 1	AUL 2	AUL 3	AUL 4	AUL 5	AUL 6
UR Lateral	BUR 1	BUR 2	BUR 3	BUR 4	BUR 5	BUR 6
UL Lateral	BUL 1	BUL 2	BUL 3	BUL 4	BUL 5	BUL 6
UR Cuspid	CUR 1	CUR 2	CUR 3	CUR 4	CUR 5	CUR 6
UL Cuspid	CUL 1	CUL 2	CUL 3	CUL 4	CUL 5	CUL 6
LL Cuspid	CLL 1	CLL 2	CLL 3	CLL 4	CLL 5	CLL 6
LR Cuspid	CLR 1	CLR 2	CLR 3	CLR 4	CLR 5	CLR 6
UR 1ST Molar	DUR 2	DUR 3	DUR 4	DUR 5	DUR 6	DUR 7
UL 1ST Molar	DUL 2	DUL 3	DUL 4	DUL 5	DUL 6	DUL 7
LL 1ST Molar	DLL 2	DLL 3	DLL 4	DLL 5	DLL 6	DLL 7
LR 1ST Molar	DLR 2	DLR 3	DLR 4	DLR 5	DLR 6	DLR 7
UR 2ND Molar	EUR 2	EUR 3	EUR 4	EUR 5	EUR 6	EUR 7
UL 2ND Molar	EUL 2	EUL 3	EUL 4	EUL 5	EUL 6	EUL 7
LL 2ND Molar	ELL 2	ELL 3	ELL 4	ELL 5	ELL 6	ELL 7
LR 2ND Molar	ELR 2	ELR 3	ELR 4	ELR 5	ELR 6	ELR 7



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