

## 1. ORDER DETAILS

ORDER # (OPTIONAL)

DATE

PURCHASE ORDER (OPTIONAL)

## 2. PRACTICE INFORMATION

DENTAL PRACTICE \*\*

ORDERING CONTACT \*\*

ADDRESS

CITY

STATE

ZIP

KTR ACCOUNT # (OPTIONAL)

PHONE \*\*

EMAIL \*\*

## 3. SHIPPING ADDRESS

Same as practice address above

SHIP TO ADDRESS

SUITE/UNIT #

CITY

STATE

ZIP

ATTN (OPTIONAL)

## 4. ZIRCONIA CROWN FIT

FIT-TYPE

Standard

Slim-Fit

Mini-Fit

## 5. TURNAROUND

Standard (3–4 business days), free over \$1,000

Rush +\$120 (Next Business Day)

## 6. KIT SHORTCUTS (OPTIONAL)

Order the full incisor & cuspid or molar set at a bundled price, or specify per-tooth on page 2.

### INCISORS & CUSPIDS STARTER KIT

QTY

Incisor & cuspid positions, sizes 1–6

# D, E, F, G, C, H, M, R

### MOLARS KIT

QTY

1st & 2nd molar positions, sizes 2–7

# A, B, I, J, K, L, S, T

**7. INCISORS & CUSPIDS - QUANTITY BY TOOTH POSITION**

| TOOTH POSITION                 | SIZE 1 | SIZE 2 | SIZE 3 | SIZE 4 | SIZE 5 | SIZE 6 |
|--------------------------------|--------|--------|--------|--------|--------|--------|
| <b>UR Lateral #D</b>           | BUR1   | BUR2   | BUR3   | BUR4   | BUR5   | BUR6   |
| <b>UR Central #E</b>           | AUR1   | AUR2   | AUR3   | AUR4   | AUR5   | AUR6   |
| <b>UL Central #F</b>           | AUL1   | AUL2   | AUL3   | AUL4   | AUL5   | AUL6   |
| <b>UL Lateral #G</b>           | BUL1   | BUL2   | BUL3   | BUL4   | BUL5   | BUL6   |
| <b>UR Cuspid #C</b>            | CUR1   | CUR2   | CUR3   | CUR4   | CUR5   | CUR6   |
| <b>UL Cuspid #H</b>            | CUL1   | CUL2   | CUL3   | CUL4   | CUL5   | CUL6   |
| <b>LL Cuspid #M</b>            | CLL1   | CLL2   | CLL3   | CLL4   | CLL5   | CLL6   |
| <b>LR Cuspid #R</b>            | CLR1   | CLR2   | CLR3   | CLR4   | CLR5   | CLR6   |
| <b>Lower Incisors #N,O,P,Q</b> | U1     | U2     | U3     | U4     | U5     | U6     |

**8. MOLARS - QUANTITY BY TOOTH POSITION**

| TOOTH POSITION         | SIZE 2 | SIZE 3 | SIZE 4 | SIZE 5 | SIZE 6 | SIZE 7 |
|------------------------|--------|--------|--------|--------|--------|--------|
| <b>UR 2nd Molar #A</b> | EUR2   | EUR3   | EUR4   | EUR5   | EUR6   | EUR7   |
| <b>UR 1st Molar #B</b> | DUR2   | DUR3   | DUR4   | DUR5   | DUR6   | DUR7   |
| <b>UL 1st Molar #I</b> | DUL2   | DUL3   | DUL4   | DUL5   | DUL6   | DUL7   |
| <b>UL 2nd Molar #J</b> | EUL2   | EUL3   | EUL4   | EUL5   | EUL6   | EUL7   |
| <b>LL 2nd Molar #K</b> | ELL2   | ELL3   | ELL4   | ELL5   | ELL6   | ELL7   |
| <b>LL 1st Molar #L</b> | DLL2   | DLL3   | DLL4   | DLL5   | DLL6   | DLL7   |
| <b>LR 1st Molar #S</b> | DLR2   | DLR3   | DLR4   | DLR5   | DLR6   | DLR7   |
| <b>LR 2nd Molar #T</b> | ELR2   | ELR3   | ELR4   | ELR5   | ELR6   | ELR7   |

## 9. ORDER SUMMARY

Notes/Comments/Special Requests or Instructions

Incisors & cuspids kit subtotal

Molar kit subtotal

Individual crowns subtotal

Shipping

**TOTAL**

## 10. PAYMENT METHOD

Select one. We recommend paying online or by phone rather than card on paper.

Charge card on file (account above)

Net 30 / PO (approved accounts)

Call me for card info, best #:

Pay online at [ktrcrowns.com/pay](https://ktrcrowns.com/pay)

Card below (fax only, do not email)

NAME ON CARD

CARD NUMBER

EXP (MM/YY)

CVV

BILLING ZIP

## 11. AUTHORIZATION

I agree to KTR order terms at [ktrcrowns.com/terms](https://ktrcrowns.com/terms) and authorize this order.

AUTHORIZED BY (PRINT NAME)

DATE

### WHAT HAPPENS NEXT

1. Email this completed PDF to [orders@ktrcrowns.com](mailto:orders@ktrcrowns.com) or fax to (505) 225-1179.
2. We confirm your order by email within one business day and charge the card or account on file.
3. Standard orders ship within 24 hours of order placement and arrive in 3-4 business days.
4. Tracking is emailed on dispatch. Questions: (800) 506-5108.