

DENTAL CARE STUDIO

123 Aesthetic Blvd, Suite 100
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

PATIENT INFORMATION

Name: _____
ID: _____
Address: _____

PRACTITIONER DETAILS

Dentist: _____
License: _____
Department: Cosmetic Dentistry

Tooth #	Description of Cosmetic Service	Material/Lab	Unit Price	Total
_____	Porcelain Veneer (Initial Preparation)	E-Max / Zirconia	\$	\$
_____	Porcelain Veneer (Final Bonding)	High-Translucency	\$	\$
_____	Diagnostic Wax-Up / Mock-Up	-	\$	\$

Tooth #	Description of Cosmetic Service	Material/Lab	Unit Price	Total
_____	Temporary Restoration	Composite	\$	\$

Subtotal: \$ _____
Clinic Discount: \$ _____
Total Due: \$ _____

Notes: Cosmetic procedures are typically elective. Please check with your provider regarding insurance coverage. All laboratory work carries a standard clinic warranty.

Payment Terms: Due upon completion of service.