



BURBANK
DENTAL LAB

RX FORM

**DIGITALGUIDE
OFFER**

\$30

On Your First **DIGITALGUIDE** Case

Call us at 818-403-5755 | burbankdental.com

PLEASE CALL ☐

Due Date _____ BY 5:00 PM PST Acct # _____

Doctor _____ Patient _____

Phone _____ Email _____

Rx

Signature of dentist

License #

This Case Is A DIGITALGUIDE Via SICAT
DO NOT Create A New Case

Attach To Case For \$30 Introductory Offer Only

OFFER EXPIRES: 03-30-18

Use Code: CerecDrs2-18

Date Uploaded To SICAT: _____

