

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

Incisor & cuspid positions, sizes 1–6

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

QTY

MOLARS KIT

1st & 2nd molar positions, sizes 2–7

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

QTY

7. INCISORS & CUSPIDS - QUANTITY BY TOOTH POSITION

TOOTH POSITION	SIZE 1	SIZE 2	SIZE 3	SIZE 4	SIZE 5	SIZE 6
UR Lateral #D	BUR1	BUR2	BUR3	BUR4	BUR5	BUR6
UR Central #E	AUR1	AUR2	AUR3	AUR4	AUR5	AUR6
UL Central #F	AUL1	AUL2	AUL3	AUL4	AUL5	AUL6
UL Lateral #G	BUL1	BUL2	BUL3	BUL4	BUL5	BUL6
UR Cuspid #C	CUR1	CUR2	CUR3	CUR4	CUR5	CUR6
UL Cuspid #H	CUL1	CUL2	CUL3	CUL4	CUL5	CUL6
LL Cuspid #M	CLL1	CLL2	CLL3	CLL4	CLL5	CLL6
LR Cuspid #R	CLR1	CLR2	CLR3	CLR4	CLR5	CLR6
Lower Incisors #N,O,P,Q	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
UR 2nd Molar #A	EUR2	EUR3	EUR4	EUR5	EUR6	EUR7
UR 1st Molar #B	DUR2	DUR3	DUR4	DUR5	DUR6	DUR7
UL 1st Molar #I	DUL2	DUL3	DUL4	DUL5	DUL6	DUL7
UL 2nd Molar #J	EUL2	EUL3	EUL4	EUL5	EUL6	EUL7
LL 2nd Molar #K	ELL2	ELL3	ELL4	ELL5	ELL6	ELL7
LL 1st Molar #L	DLL2	DLL3	DLL4	DLL5	DLL6	DLL7
LR 1st Molar #S	DLR2	DLR3	DLR4	DLR5	DLR6	DLR7
LR 2nd Molar #T	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 rather than sending card details on paper.

☐ Charge card on file (account above)

☐ Net 30 / PO (approved accounts)

☐ Pay online at 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 and authorize this order.

AUTHORIZED BY (PRINT NAME)

DATE

WHAT HAPPENS NEXT

1. Email this completed PDF to 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.