

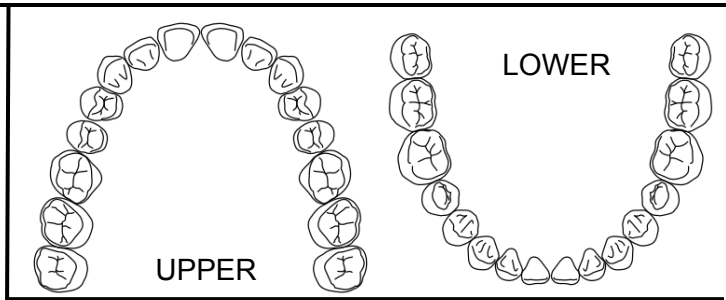
Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Patient \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_

Date \_\_\_\_\_ DUE DATE \_\_\_\_\_

- Custom Tray
- Bleaching Trays
- Bite Block
- Try-In
- Finish
- FUD
- FLD
- PUD
- PLD
- CMP
- Reline
- Repair
- Hard Nightguard
- Hard/Soft Nightguard
- Flex
- Implant Overdenture
- Gold Crown



**R<sub>x</sub>** SPECIAL INSTRUCTIONS

Tooth Shade: \_\_\_\_\_

Acrylic Shade: (Circle One)

Standard (199)      Light/Dark      Dark (Meharry)

Denture Type: (Circle One)

Standard      Heat Injected

Digital Denture: (Circle One)

Printed      Milled

Dr. Signature \_\_\_\_\_

