

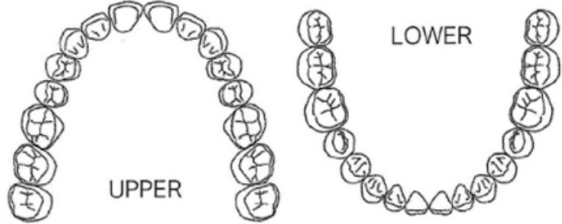
Doctor: _____ Phone: _____

Address: _____

Patient: _____ Sex: _____ Age: _____

Date: _____ Due Date: _____

- ☐ Custom Tray
- ☐ Bite Block
- ☐ Reline
- ☐ Repair
- ☐ Occlusal Guard



- ☐ FUD
- ☐ FLD
 - ☐ Standard Denture
 - ☐ Heat Injected Denture
 - ☐ Milled Denture
 - ☐ Printed Denture
 - ☐ Cu-sil Overdenture
- ☐ PUD
- ☐ PLD
 - ☐ DuraFlex
 - ☐ Valplast
 - ☐ Acetal Resin Frame
 - ☐ Metal Frame

TOOTH SHADE:

TISSUE SHADE:

- ☐ Pink
- ☐ Light Dark (50/50)
- ☐ Meharry

ADDITIONAL INSTRUCTIONS:

- ☐ Try-In
- ☐ Finish

Doctor's Signature: _____ License #: _____



By signing this prescription you are agreeing to our terms
and policies found online at www.stonedl.com/warranty

