

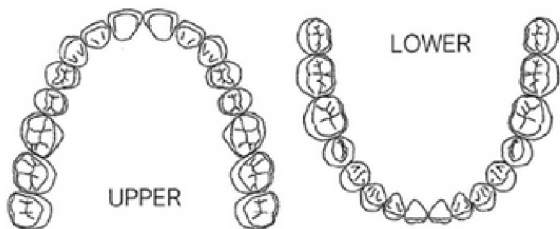
Doctor: _____ **Phone:** _____

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
 - Acrylic
 - 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

