

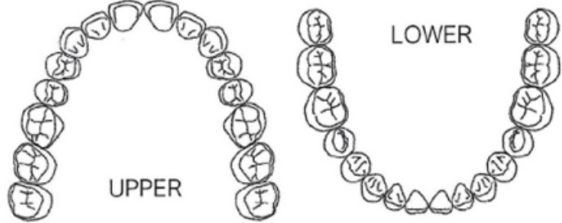
Doctor: _____ Phone: _____

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
- 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 #: _____



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