

Dr: _____ Date: ____/____/____

Address: _____

City: _____ State: _____

ZIP: _____ Phone: _____

Patient: _____ Age: _____ Sex: M F

Email Address: _____

REMOVABLE RX

PARTIALS

☐ Upper ☐ Lower

Select Partial Type:

☐ Acrylic Flipper

☐ Valplast

☐ Metal Frame

Select Stage:

☐ Frame Try-in

☐ Try-In w/Teeth

☐ Complete Finish

DENTURES

☐ Upper ☐ Lower

Select Denture Type:

☐ Premium Denture

☐ Premium Immediate Denture

☐ Make a Duplicate Denture

Select Stage:

☐ Custom Tray

☐ Base Plate

☐ Bite Block / Rim

☐ Try-In w/ Teeth

☐ Complete Finish

GUARDS

☐ Upper ☐ Lower

☐ Full Arch

☐ Anterior Only

Select Guard Type:

☐ CLEARsplint Thermoplastic

☐ Soft Guard

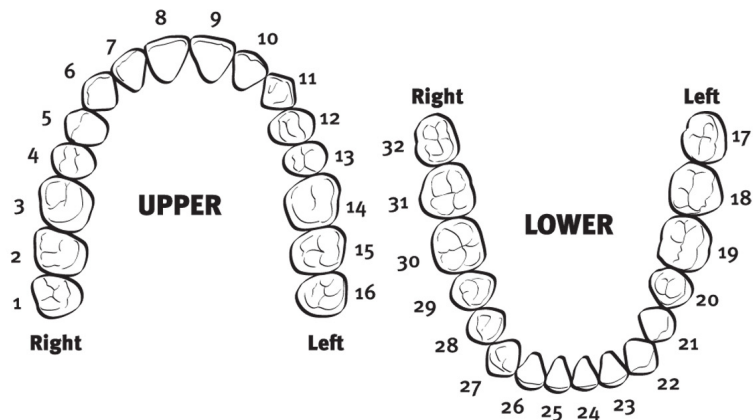
☐ Hard Acrylic

☐ Dual Laminate Hard/Soft

☐ Sports Guard

☐ Bleaching Tray

☐ Essix Retainer



SPECIAL INSTRUCTIONS:

License#: _____ Signature: _____ Date: _____

Terms: Accounts are due and payable upon receipt. A 2.5% monthly late fee will be added to all account balances after the 20th of each month. Balances that become 60 days past due will go on an automatic COD basis collecting the total balance due. Delinquent accounts will also be responsible for any/all legal costs and collection charges. Your signature indicates personal guarantee of our terms and our warranty/remake policies. All fees are due and payable in Bexar County, San Antonio, Texas.

Please Send

☐ Prescriptions

☐ Boxes

☐ Mailing Labels

☐ UPS Labels