



DOTHAN
DENTAL
STUDIO

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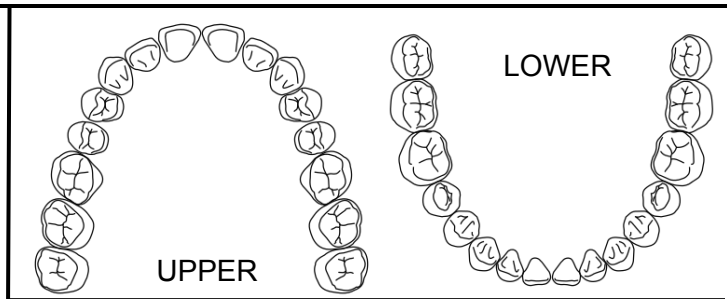
Doctor _____ Phone _____

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_x 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 _____

