



REMOVABLE RX

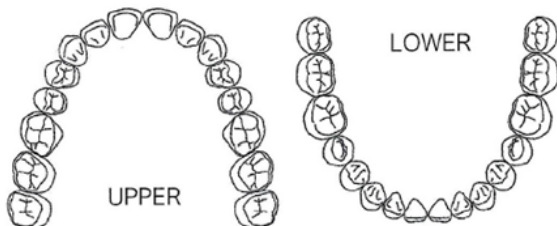
Doctor: _____ Phone: _____

Address: _____

Patient: _____ Sex: _____ Age: _____

Date: _____ Due Date: _____

- Custom Tray
- Bleaching Trays
- Bite Block
- Reline
- Repair
- Hard Nightguard
- Hard/Soft Nightguard
- Printed Models



- FUD
- FLD
 - Standard Denture
 - Heat Injected Denture
 - Milled Denture
- PUD
- PLD
 - Acrylic
 - DuraFlex
 - Valplast
 - Acetal Resin Frame
 - Metal Frame
 - Metal Frame/Flex Combo

TOOTH SHADE:

TISSUE SHADE:

- Standard (199)
- Light/Dark
- Dark (Meharry)

ADDITIONAL INSTRUCTIONS:

- Try-In
- Finish

Doctor's Signature: _____ License #: _____

