

Doctor: \_\_\_\_\_

Patient: \_\_\_\_\_ Age: \_\_\_\_ M or F

Date Required: \_\_\_\_\_

<b>Full Denture:</b>	Acrylic	Injected Acrylic	Cast-metal Palate	Transitional	
Degree of Posterior tooth - ( <i>Trubyte Teeth only</i> ) : 0° 10° 20° 33°					
<b>Flipper</b> - ( <i>single tooth or 2 teeth together</i> ):			Flexible	OR	Acrylic
<b>Partial Denture:</b> ( <i>3 or more teeth</i> )	Acrylic	Flexible FRS	Cast-metal Framework	Immediate	
<b>Night-guards:</b>	"Hard"	"Soft"	Hard/Soft	Flexible ( <i>Injected</i> )	
Hard Reline	Soft Reline	Impress. Tray	Bleaching Tray	Surgical Tray	

When smiling, patient would like to show:  
More tooth  Same amount of tooth  Less tooth

Shade instructions: \_\_\_\_\_

"Tissue" / material color: Clear Light Medium Dark

**PLEASE INSPECT 3-D IMPRESSION CAREFULLY FOR VOIDS OR DEFECTS BEFORE SHIPPING.**

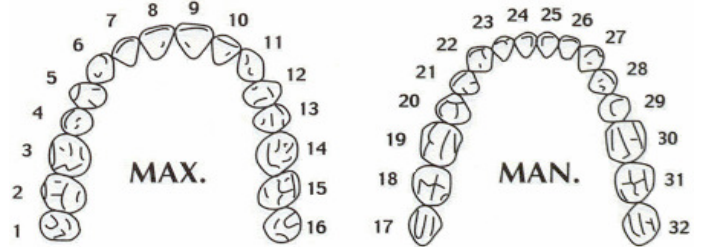


Authorized Signature

License Number: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, doctor or doctor's agent agrees to the following terms and conditions: In the event your account becomes delinquent, all amounts owed, become due and payable, and you are subject to any and all attorneys' and or collection costs. All past due amounts will accrue applicable interest charges of 1.5% percent per month = 19.56 per annum until paid. Delinquent credit status may be reported to any/all credit bureaus and D&B.

Thank You



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