



10480 Garverdale Ct,
STE 804 A,
Boise, ID 83704
(208) 985-2288

Doctor: _____

Street: _____

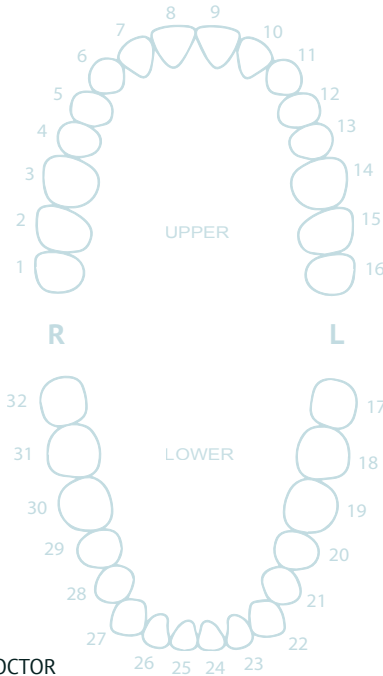
City: _____ Ph: _____

Patient's Name: _____ Age: _____ Sex: M F

RX Date: Due Date: _____ AM: _____ PM: _____	Teeth Selection: <input type="checkbox"/> Econ <small>Mold</small> <input type="checkbox"/> Basic <small>_____</small> <input type="checkbox"/> Premium <small>Shade</small> <input type="checkbox"/> Other <small>_____</small>	Personality: <input type="checkbox"/> Soft <input type="checkbox"/> Medium <input type="checkbox"/> Vigorous	Face Shape: <input type="checkbox"/> Oval <input type="checkbox"/> Taper <input type="checkbox"/> Square <input type="checkbox"/> Rectangular
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Instructions

- TRY-IN
- PROCESS



- CALL DOCTOR

Type of Restoration

Partials

- Cast Metal
- Valplast
- Thermoflex
- Acrylic Base

Full Dentures

- Full Denture
- Immediate Denture
- Eclipse Denture

Other

- Repair
- Reline
- Nightguard (soft __ hard __)
- Flipper

Dr. Signature: _____

License # _____

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