

Dental Prosthetic Solutions

831-375-2566
831-375-2544 = Fax
2thMaster@Teeth-N-Stuff.Com

____ Month ____ ^{Today's} Date Dr. _____

____ AM
____ Pt. _____
____ PM
Month Date Time

Lab approved

PATIENT APPOINTMENT
 FINISH TRY-IN Name of Office Contact _____

Please Call/Fax to Schedule Cases

Male Female ____ Age

- Reline Repair Custom Tray Bite Registration
- Overdenture Full Dtr. Partial Dtr. Cast Framework
- Implant/Attach. Immediate Try-In with Teeth

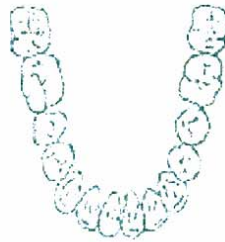
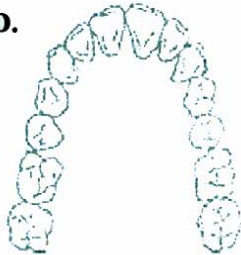


SHADE

Instructions:

CALL DR.

I.D.



Signature: _____

Lic.# _____

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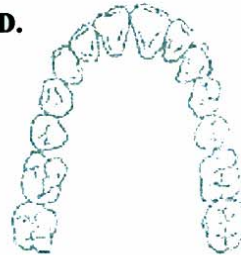


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