

Doctors Name

Patients Name

Age

Office Name

Sex: M / F

Today's Date:

Seat Date:

Seat Time:

Dentures:

- ☐ Upper ☐ Lower
☐ Immediate
☐ Teeth in Way Try-In
☐ Process & Finish

Flexible/Acrylic Partials:

- ☐ Flexible ☐ Acrylic
☐ Upper ☐ Lower
☐ 4-7 Teeth ☐ 8-10 Teeth ☐ 11-13 Teeth
☐ Teeth in Wax
☐ Process & Finish

Flipper No Clasps:

- ☐ Upper ☐ Lower
☐ Flipper ☐ 1-3 Teeth

Cast Chrome Partials:

- ☐ Upper ☐ Lower
☐ Frame Try-In Only
☐ Frame W/ Teeth in Wax
☐ Process & Finish

Clasp Options:

- ☐ Wrought Wire
☐ Ball Clasp
☐ Lab Select

Night Guards:

- ☐ Hard/Soft Night Guard
☐ Hard Night Guard
☐ Soft Night Guard

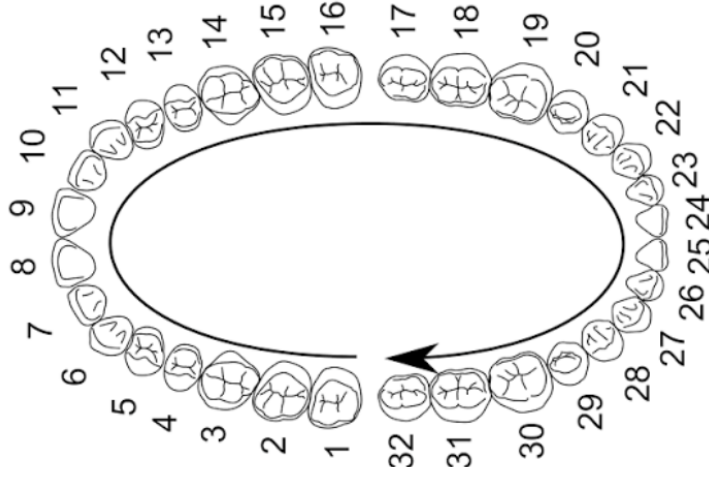
Additional Products:

- ☐ Bite Rim
☐ Reline Hard
☐ Reline Soft
☐ Repair
☐ Re-Base *Must call to schedule*
☐ Bleach Tray
☐ Same Day Repair
☐ Hawley Retainer ☐ U ☐ L
☐ Essix Retainer ☐ U ☐ L

TISSUE SHADE

- ☐ Original
☐ Dark
☐ 50/50

Tooth Shade



Signature

License #

By signing this prescription, I acknowledge all above information.

I also agree to pay Impress Dental Laboratories for all products and services within and no later than 30 days of receiving my invoice. Should your account fall past due, cases will be put on hold and there will be a Net 30 fee added to the account per month.