



Custom Service Dental Laboratory
1259 Jackson Keller • San Antonio, TX 78213
(210) 828-8102 TOLL FREE (800) 292-5516
FAX (210) 824-1550 www.oraldesigns.com

Denture & Partial Prescription

Tex.Reg. No. 628

Dr's Name: _____ License# _____ Date: _____

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

Partial Department

- Valplast (Partial)
- Esthetic-Partial (Metal)
- Frame Try-In
- Set-Up Try-In
- Fully Fabricate Partial
- Process & Finish
- Shipman
- Massad Base

Dentures Department

- Set-up Tru-in
- Full Denture
- Soft Nightguard
- ThermoPlastic Splint **NEW**
- Hard Nightguard
- Acrylic Partial- W/ Wrought Wire
- Full Transitional Denture
(6 Anterior & 2 Bicuspids)
- Swissadent Denture
- Bleaching Trays
- Custom Trays
- Intra-Oral Tracers
- Bite Blocks
- Soft Liner
- Valplast (Full Denture)
- FRS Flex Partial **NEW**
- FRS Flex Clasp w/Acrylic Partial **NEW**

Shade
Denture Partial _____

CALL DR.

Ask About Our
Laser Welding
Service

Please Send:
_ RxPads
_ Boxes
_ Bags

CK in by _____
CK out by _____

DESIGN PARTIAL



Have You included the following?

- Bite
- Opposing
- Shade
- Pre-Op Model
- Photos
- Models of Temp

Tooth Selection

- House Teeth
- Premium Teeth
- Porcelain Teeth

Oral designs is a certified Vitallium Laboratory. Our Laboratory uses only the finest of High noble metals and Vitallium metals for all our partials and Frames.

Instructions: _____

The undersigned hereby authorizes Oral Designs, Inc. to order a Credit Report. I understand and acknowledge that under the Fair Credit Reporting Act, Oral Designs, Inc. may not be permitted to disclose the contents of this report and I may have to contact the Credit Reporting Agency directly for a copy of this report. The fee for the credit report will be paid by Oral Designs, Inc.

Doctor's Signature _____ Date: _____ Time Needed _____

Person signing this authorization accepts sole responsibility for payment, and agrees to pay all legal and collection costs in the event of suit, including reasonable fees and finance costs. Invoices not paid within 30 days of statement are subject to a service charge of 1 1/2 percent per month. Cost collection will be paid by the customer. Accounts with balances over 30 days are subject to being placed on C.O.D. Basis. This contract performable in Bexar County, TX. In the event of a dispute, the parties agree that the venue be Bexar County.