

REMOVABLE APPLIANCE Rx

Tex. Reg. No. 628



Oral Designs

All Restorations
Made in the USA

Custom Service Dental Laboratory

1259 Jackson Keller • San Antonio, TX 78213 • Email: services@oraldesigns.com
(210) 828-8102 • TOLL FREE (800) 292-5516 • FAX (210) 824-1550 • www.OralDesigns.com

Dr. Name _____ DDS License # _____

Office Address _____

Patient Name _____ Patient Age _____ Sex M F

Deliver by 5 pm on See Rx copy for in Lab/Schedule

Enclosed with case Impressions Models Bite Photos Implant Parts Other

Implant System Nobel Biocare Straumann 3i Astra Zimmer

Note implant brand, system, and, dimension in instructions.

DENTURES

- Standard Full Denture
- Immediate Denture
- Overdenture
- Gasket Denture
- Full Transitional
(6 anterior + 2 premolars)
- Denture w/cast substructure
- Duplicate Denture

NIGHTGUARDS & SPLINTS

- UPPER LOWER
- Thermoplastic Splint
- Hard Acrylic Nightguard
- Soft Nightguard
- Comfort H/S Bite Splint

ORTHO

- Specify in instructions

TREATMENT PARTIALS

- Acrylic Partial (1-3 teeth)
- Acrylic Partial (4-8 teeth)
- Acrylic Partial (8+ teeth)

CAD/CAM Structures

- Pala Digital Denture
- Oral Designs Digital Denture
- All-on-Four
- Atlantis Conus Abutment Overdenture

PARTIALS

- Nobilium Framework
- Vitallium 2000 Framework
- Esthetic Partial (metal)
- Frame w/flexible clear clasps
- Valplast
- Valplast w/metal subframe
- Clear Flex Partial

REMOVABLE EXTRAS

- Custom Tray
- Bite Rims/Blocks
- Reline Standard
- Reline Soft
- Bleaching Trays
- Intraoral Tracers
- Surgical Guide
- Repair

PROCEDURE

- Wax Bite
- Frame Try-In
- Tooth Try-In
- Reset Try-In
- Process & Finish

VITA TOOTH SHADE

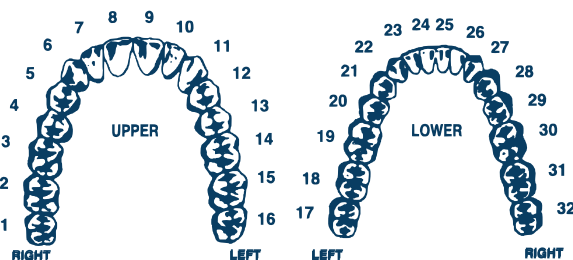
TEETH

- House Teeth
- Premium Teeth
- Porcelain Teeth

LUCITONE ACRYLIC SHADE

- Lt. Reddish Pink
- Original
- Meharry

DESIGN PARTIAL



Instructions: _____

HAVE LAB

- Call Dr.
- Send Rx pads
- Send bags/boxes
- Send shipping labels

SAME DAY SERVICE
(With Prior Approval)

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 for by Oral Designs, Inc.

Doctor's Signature _____ Today's Date _____

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 1.5 percent per month. Cost collection will be paid by the customer. Accounts with balances over 60 days are subject to being placed on a 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.