



Removables Rx Form

From:

Date Sent:

Patient:

Shade:

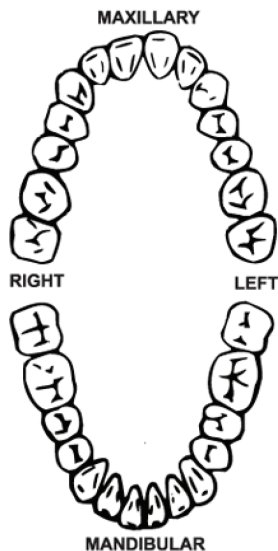
Return Date:

Day Before Pt. Appointment

INSTRUCTIONS:

Try-In

Finish



Partial

☐ Acrylic
☐ Flex
☐ Cast Metal

Gum Shade

☐ Light Pink
☐ Medium Pink
☐ Dark Pink
☐ Meharry

Signature: _____

License No.

DDS

ANY UNPAID BALANCE OVER 30 DAYS IS SUBJECT TO 1-1.5% INTEREST CHARGE