

# STAR DENTAL LAB

STATE REGISTRATION #01751  
Restorative Support Rx 2023

**Because we are registered dental assistants and work under the restoring Doctors License this Rx is required by STAR DENTAL LAB.**

Rx # \_\_\_\_\_ if you do not have an Rx number your appointment is not confirmed please call to confirm date and get Rx Number.

CANCELATION # \_\_\_\_\_ you must get a cancelation number if you cancel this appointment.

**(We cannot confirm dates at your office you must call to get updated calendar.)**

**Ph 512-267-6776 Fax 512-840-0758**

We will at the request of the doctor, assist with patients as needed.

Consulting fee is \$95 per hr we charge travel time. (please be aware of traffic patterns to improve efficiency)

Appointments will need to be made A.S.A.P. to assure availability. All cancellations need 24 HR notice

For full refunds, otherwise the minimum fee will be charged. **Please call for available times and Rx#.**

**NOTE: YOUR TIME HAS NOT BEEN RESERVED UNLESS YOU RECEIVE A Rx NUMBER**

PLEASE SIGN THIS AND SEND BACK TO US AND PLEASE CALL TO VERIFY RECEIPT.

Office Name \_\_\_\_\_

Office Phone Number \_\_\_\_\_

Surgeons Name \_\_\_\_\_

Restoring Doctor Name \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Appointment Time: From \_\_\_\_\_ Until \_\_\_\_\_

Time you want lab to be at office by \_\_\_\_\_

To be paid by Dr. \_\_\_\_\_

Office where we are going to do the conversion at \_\_\_\_\_

Doctor's signature \_\_\_\_\_ License# \_\_\_\_\_

Please let us know what if anything we will need to bring

\_\_\_\_\_

\_\_\_\_\_

This appointment is for please check below.

\_\_\_Surgery Max arch \_\_\_Mand arch \_\_\_Pt Name: \_\_\_\_\_

**All appointment below should be scheduled between 10-1Monday-Thursday unless you call the office to verify**

\_\_\_Restorative Consulting Max arch \_\_\_Mand arch \_\_\_Pt Name: \_\_\_\_\_

\_\_\_Impression Max arch \_\_\_Mand arch \_\_\_Pt Name: \_\_\_\_\_

\_\_\_Record Max arch \_\_\_Mand arch \_\_\_Pt Name: \_\_\_\_\_

\_\_\_Mount case Max arch \_\_\_Mand arch \_\_\_Pt Name: \_\_\_\_\_

\_\_\_Wax -try in Max arch \_\_\_Mand arch \_\_\_Pt Name: \_\_\_\_\_

\_\_\_Final delivery Max arch \_\_\_Mand arch \_\_\_Pt Name: \_\_\_\_\_

\_\_\_Repair Max arch \_\_\_Mand arch \_\_\_Pt Name: \_\_\_\_\_

**CAUTION:** Star Dental Lab and its employees do not practice dentistry. We only make recommendations.

The Doctor after reviewing techniques, procedures, theories, and materials, must make the decisions about specific

Treatment for patients. Exercise his or her personal professional judgment regarding the need for further clinical testing or education before trying to implement any procedures.

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