

Appointment Date: _____ Appointment Time From _____ Until _____

STAR DENTAL LAB

STATE REGISTRATION #01751
Restorative Support Rx 2025

Because we work under the 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.

NOTE: (We cannot confirm dates at your office you must call to confirm the appointment.)

Ph 512-267-6776 email this form to stardentallabusa@gmail.com

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 _____

Time you want lab to be at office by _____

To be paid by Dr. _____

Office where we are going to do the conversion at _____

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

This appointment is for please check below.

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

___ ALL ON X Surgery 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: _____

___ Restorative Consulting Max arch ___ Mand arch ___ Pt Name: _____

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

Dr. signature _____ **License#** _____

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.