



Removable RX

Today's Date _____

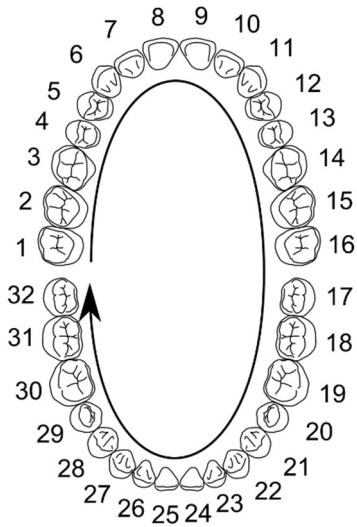
Due Date _____ Time _____

Doctors Name _____

Office Name _____

Patient's Name First _____ Last _____

Patient's Age _____ Male _____ Female _____



Maxillary _____	Mandibular _____
Tooth # _____	
Shade _____	

Clinician Remarks: All-On-X Denture Nightguard Valplast Flipper Partial

Enclosed with case: Impressions Models Bite Photos Other: _____

Has the case been disinfected? Yes _____ No _____

DR SIGNATURE _____ License Number _____

The Buyer agrees to pay all reasonable legal fees and expenses incurred by the Seller as a result at actions taken to enforce this agreement. Buyer also agrees to pay a late charge of 1.5% per month on all past due balances.