

**3535 Ross ave suite 306
 San Jose, CA 95124
 phone: (408) 354-4300
 Email: Atwooddental@yahoo.com**

DOCTOR _____

DUE DATE _____

TIME _____

PLEASE PRINT CLEARLY

Male

AGE _____

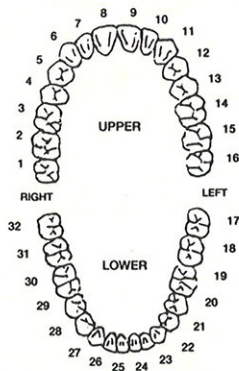
Female

Patient Name _____

CAST PARTIALS

DENTURES

CASE DESIGN: Lab's Doctor's



- Custom Tray
- Base Plate/Bite Rim
- Set Up & Try In Reset
- Finish & Process Immediate

TYPES:

- Full Flipper
- Repair Reline

VALPLAST

CUSIL

PROFORM

BLEACHING TRAY

NIGHT GUARD

- Hard-Soft Astronflex

STAGE:

Frame Try-In

- Metal Only w/ Wax Rim
- Teeth Set in Wax
- Finish & Process

TEETH

SHADE: _____

MOLD: _____

- Classic Portrait
- Bioform Porcelain

INSTRUCTIONS

Net amount of invoice is due within 30 days of order; all balances beyond 30 days are subject to finance charge of 1.5%. I agree to pay collection agency costs, attorney fees and court costs if this account is referred to collection.

Dr.'s Signature _____ License # _____ Date _____