

American Dentures

FULL SERVICE DENTAL LAB

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Photos & Digital Scans : addldigital@gmail.com

Rx Date :

Date Due in Office :

(Deliver By 5PM)

Doctor's Name _____ (Please Print)

M

F

Patient's Name _____

Sex _____

D.O.B. _____

DENTURES

- Standard Premium Teeth
 FUD FLD
 PUD PLD
 Flexible Metal Frame
 Acrylic

CROWN AND BRIDGES

- Zirconia E.Max
 Layered Zirconia
 PFZ Veneer
 Non-Precious
 Semi-Precious
 Noble
 PMMA Bio Temp

IMPLANTS

- AOX
 Hybrid Acrylic Hybrid Zirconia
 Custom Abutment
 Zirconia Titanium
 Screw Retained
 Cement Retained

PROCESS CASE FOR

- Custom Tray Wax-Bite Frame Try-In Teeth Try-In Finish

NIGHT GUARD

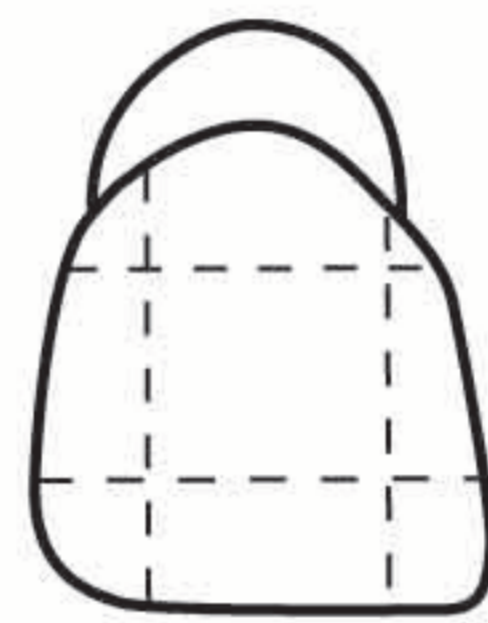
- Soft Hard
 Dual Care

REPAIR

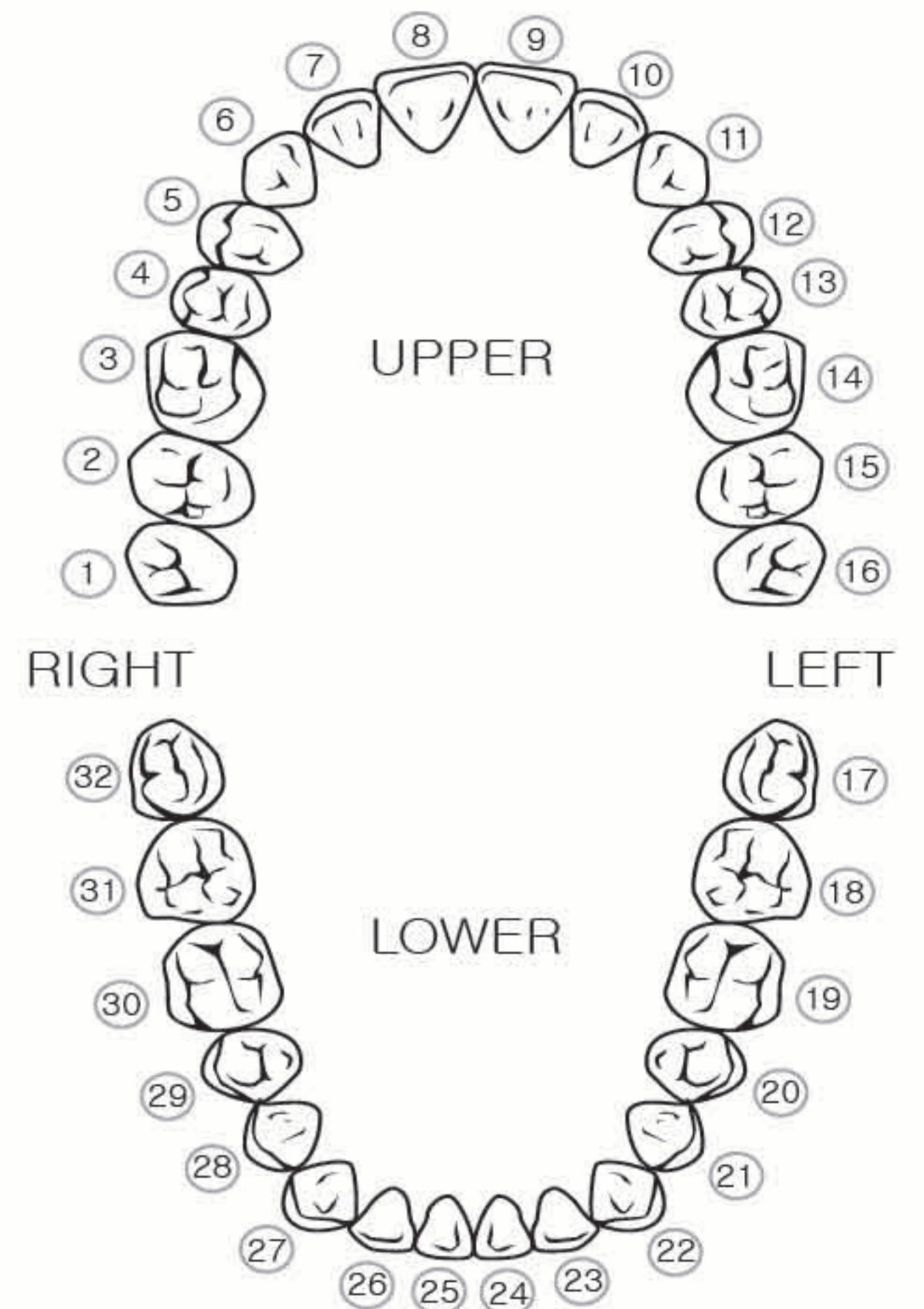
RELINE

- Soft Hard

Shade Instructions



R_x SPECIFIC INSTRUCTIONS :



Doctor's Signature _____ Lic. # _____

Client agrees full remittance of charges incurred by this prescription is payable within thirty (30) days of receipt of statement. Client further agrees to pay all charges incurred by collection should client default, including without limitation, reasonable attorneys fees and a monthly service charge of 2% of outstanding balance.