



American Dentures

FULL SERVICE DENTAL LAB

2681 Quakerbridge Rd, Bldg A, 2nd Fl.

Hamilton, NJ 08619

Tel : (609) 759-2468

Email : americandentures@gmail.com

Photos & Digital Scans : adddigital@gmail.com

Rx Date :

Date Due in Office :

(Deliver By 5PM)

Doctor's Name

(Please Print)

Patient's Name

Sex

D.O.B.

DENTURES

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

CROWN AND BRIDGES

- ☐ Zirconia ☐ E.Max
☐ Layered Zirconia
☐ PFZ (Porcelain Fused Zirconia)
☐ Noble ☐ Veneer
☐ Non-Precious
☐ Semi-Precious ☐ Full Cast
☐ PMMA ☐ Bio Temp

IMPLANTS

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

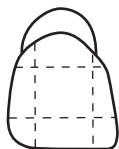
PROCESS CASE FOR

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

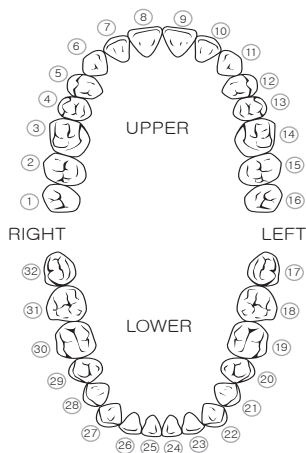
NIGHT GUARD

- ☐ Soft ☐ Hard
☐ Dual Cure
☐ 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.

*Should your prior months account balance go unpaid, your account will be placed on hold until payment.