

Removable Prescription Form

Laboratory Procedure Authorization **DR SIGNATURE REQUIRED**



A DENTAL SERVICES GROUP LAB

888.354.3594 • 758 W Duval St, Jacksonville FL 32202 • www.dentalservices.net/harmony

DR NAME

ADDRESS

CITY _____ STATE _____ ZIP _____ PHONE _____

PT NAME

FIRST _____ AGE _____

LAST _____ FEMALE MALE

DUE DATE

FINISH _____ TRY IN _____

CALL ME

DENTURE

U L

Standard

Premium

Acrylic Partial

Flipper

Other

PARTIAL

U L

Standard Vitallium

Premium Vitallium

Flexible

Hybrid Vitallium

Other

SPLINTS

U L

Hard

Hard/Soft

Thermaguard

_____ Shade _____

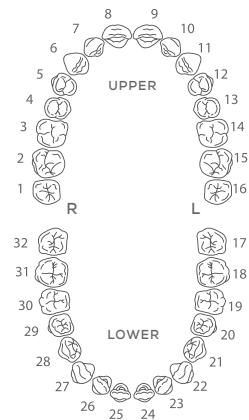
Name/Identifier in Appliance

Mould _____

Brand _____

_____ Acrylic Shade _____

INSTRUCTIONS



DR SIGNATURE

DR LICENSE # _____ TODAY'S DATE _____

134 F RR1 01
FLORIDA LAB REGISTRATION DL#200

DO YOU NEED?

Shipping Boxes

Shipping Labels

RXS: Fixed Removable

TERMS: Net 15th of month. A finance charge of 1½% per month (18% annual) will be added to past due invoices
For Warranty Information: Please review the DSG Warranty Policy at www.dentalservices.net/dsg-warranty