

DENTURE MASTER
2801 W. Charleston Blvd., Suite 101
Las Vegas, Nevada 89102
(702) 870-7300

DOCTOR: _____ DATE OF Rx: _____

OFFICE ADDRESS: _____

PATIENT: _____ AGE: _____ SEX: M / F

TOOTH SHADE: _____ MOLD: _____

GUM SHADE: _____

TYPE OF TEETH: _____

DUE DATE OF...

CUSTOM TRAY: _____

BITE, INTRA ORAL TRACING: _____

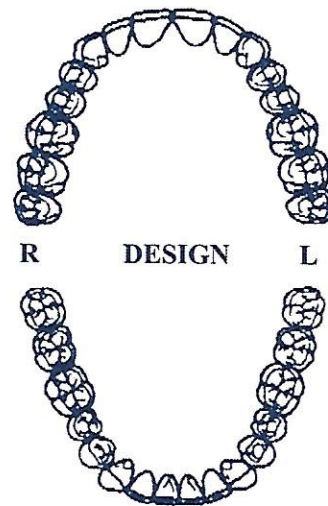
SET UP/WAX TRY: _____

FRAME TRY: _____

FINISH: _____

MICRO I.D. YES NO

Rx:



Doctor's License #

Personal Sig. of Dr.