

NAME

D.D.S.

ADDRESS

CITY

TELEPHONE

DATE

SCHMITT DENTAL LABORATORY, INC.

3214 E. GENESEE, P.O. BOX 2007 • SAGINAW, MICH. 48605

(989) 752-0842 • FAX (989) 752-0838

www.SchmittDentalLab.com email: Vicki@SchmittDentalLab.com

PATIENT'S NAME OR NUMBER:

AGE

SEX

TIME WANTED

TRY-IN FINISH

PARTIAL DENTURE

BASE MATERIAL

MOULD

FLEXIBLE

SHADE

CHROME ALLOY

MAKE

INSTRUCTIONS

PATIENT IDENTIFICATION IS STATE LAW, UNLESS THE PATIENT REFUSAL IS INDICATED HERE - NO I.D.

DENTIST'S SIGNATURE _____, D.D.S.

LICENSE NO. _____