

TRAN DENTEC

3423 N. Fulton Ave.
 Hapeville, GA 30354
 Phone: (404) 406-1621

FROM _____ DATE _____

PATIENT'S NAME _____

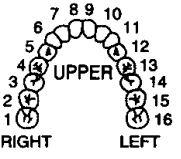
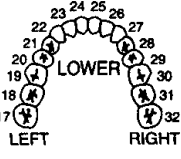
ADDRESS _____

CITY _____ STATE _____ ZIP _____

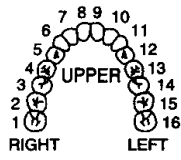
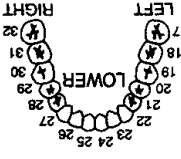
TYPE OF RESTORATION _____

DATE WANTED: TRY-IN _____ AM PM FINISH _____

SUGGEST DESIGN

UPPER	LOWER	C&B
 <p>TYPE OF ACRYLIC</p> <p>Light Pink <input type="checkbox"/></p> <p>Regular Pink <input type="checkbox"/></p> <p>Medium Pink <input type="checkbox"/></p> <p>Dark Pink <input type="checkbox"/></p> <p>Horse-shoe <input type="checkbox"/></p> <p>Full Plate <input type="checkbox"/></p> <p>Duplicate Model <input type="checkbox"/></p>	 <p>TYPE OF ACRYLIC</p> <p>Light Pink <input type="checkbox"/></p> <p>Regular Pink <input type="checkbox"/></p> <p>Medium Pink <input type="checkbox"/></p> <p>Dark Pink <input type="checkbox"/></p> <p>Lingual Bar <input type="checkbox"/></p> <p>Strengtheners <input type="checkbox"/></p> <p>Duplicate Model <input type="checkbox"/></p>	<p>PFM</p> <p>S-precious <input type="checkbox"/></p> <p>Precious <input type="checkbox"/></p> <p>Procera <input type="checkbox"/></p> <p>Empress <input type="checkbox"/></p> <p>Others <input type="checkbox"/></p> <p>Shade <input type="text"/></p>

INSTRUCTIONS

DENTIST LIC. # _____ DATE _____

PERSONAL SIGNATURE OF DENTIST _____