In State Rx Form Proof

Black Ink, Front Only on White (CB) for Part 1 and Canary Yellow (CF) for Part 2
(in books of 50 sets per book with a wrap around cover)
CURRENT: TYPE CHANGE and ORDER UPON APPROVAL

CUSTOM DENTAL PROSTHETICS, INC

8740 SW SCOFFINS ST.
TIGARD, OREGON 97227
(503) 656-2775
FAX (503) 656-2120
1-800-595-3495
www.cdppdx.com

FROM DATE _____

DOCTOR _____

ADDRESS _____ PHONE#(_____) _____

CITY _____ STATE _____ ZIP _____

PATIENT'S NAME _____, _____
Last Name First Name

☐ DELICATE ☐ MEDIUM ☐ VIGOROUS	AGE	SEX	SHADE	MOULD

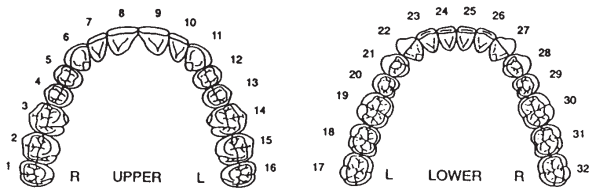
DATE WANTED	TIME	AM PM

☐ Try In ☐ Finish ☐ Custom Tray ☐ Occlusion Rim

CHECKLIST
- ☐ Midline Marked
- ☐ High Lip Line - Marked
- ☐ Proper Lip Support

ANTERIOR SET-UP
- ☐ Ideal
- ☐ Characterized
- ☐ Study Model

Rx SPECIFIC INSTRUCTIONS:



SIGNATURE LICENSE NUMBER

Bills are due and payable by the 10th of the month following billing. All bills not paid in full within 30 days following month of billing will carry a 1 1/2% per month service charge.