

**Out of State Rx Form Proof**

**Black Ink, Front Only on Green (CB) for Part 1 and Canary Yellow (CF) for Part 2  
(in books of 50 sets per book with a wrap around cover)**

**NO CURRENT ORDER! TYPE CHANGE ONLY!**

MAIL ON \_\_\_\_\_



8740 SW SCOFFINS ST.  
TIGARD, OREGON 97223  
**(503) 656-2775**  
**FAX (503) 656-2120**  
**1-800-595-3495**  
**www.cdppdx.com**

CUSTOM DENTAL PROSTHETICS, INC

FROM \_\_\_\_\_ DATE \_\_\_\_\_

DOCTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE#( \_\_\_\_\_ ) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

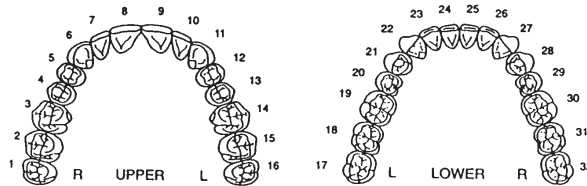
PATIENT'S NAME \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

<input type="checkbox"/> DELICATE	AGE	SEX	SHADE	MOULD
<input type="checkbox"/> MEDIUM				
<input type="checkbox"/> VIGOROUS				

DATE WANTED \_\_\_\_\_ TIME \_\_\_\_\_ AM  
PM

- |   |                                 |  |  |
|---|---------------------------------|--|--|
| <input type="checkbox"/> Try In                 | <input type="checkbox"/> Finish | <input type="checkbox"/> Custom Tray   | <input type="checkbox"/> Occlusion Rim |
| <u>CHECKLIST</u>                                |                                 | <u>ANTERIOR SET-UP</u>                 |  |
| <input type="checkbox"/> Midline Marked         |                                 | <input type="checkbox"/> Ideal         |  |
| <input type="checkbox"/> High Lip Line - Marked |                                 | <input type="checkbox"/> Characterized |  |
| <input type="checkbox"/> Proper Lip Support     |                                 | <input type="checkbox"/> 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.*