

ProsthetiX Dental Lab

P.O. Box 2553 • Thomasville, GA 31799 • Direct: 850-381-3472

Monika Bek-Scott CDT, Owner

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Due Date Must Be 1 Working Day Prior To Patients AppointmentDate

Dr. _____

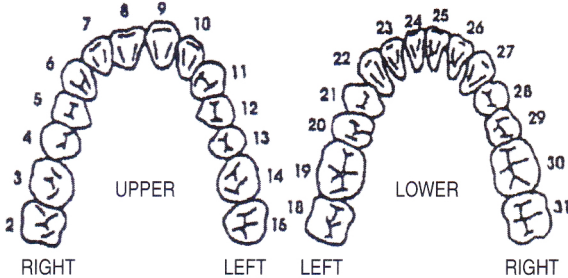
Patient _____

Received: _____ Due: _____



Please Design Case Here:

Male or Female_____
Age _____
Ovoid _____
Square _____
Tapering_____



ETHNIC SHADE
Mild _____
Moderate _____
Heavy _____
L-199 _____

Please Enclose Study Models and Bites

TEETH **PORCELAIN** **PLASTIC** **BIOFORM** **VITA**

SHADE _____

DESCRIPTION _____

SIGNATURE _____

LICENSE NO. _____

PLEASE USE OTHER SIDE FOR FURTHER INSTRUCTIONS

MARK X	
Mailing Labels	<input type="checkbox"/>
Prescriptions	<input type="checkbox"/>
Mailing Boxes	<input type="checkbox"/>

Thank You