

Today's Date \_\_\_\_\_ Please Send:  More Rx's  More Shipping Supplies  
 Return By 5:00 pm on \_\_\_\_\_ TX Reg #3287

3330 Earhart Drive, Suite 100  
 Carrollton, TX 75006  
 972-417-9600 fax 972-417-9009

**DESTINY DENTAL  
 LABORATORY**

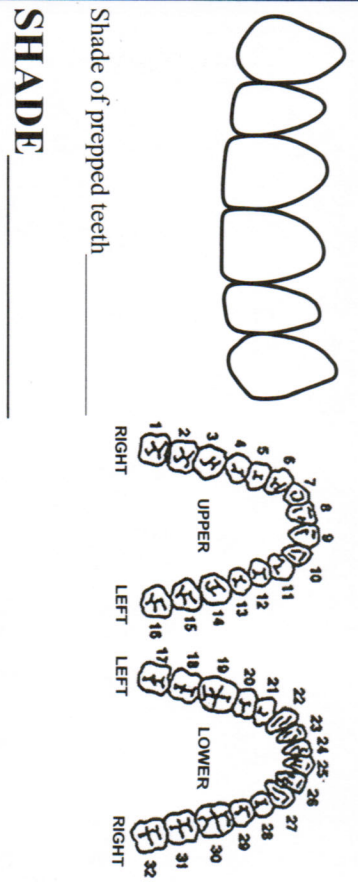
DOCTOR \_\_\_\_\_ PATIENTS NAME \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
 PHONE \_\_\_\_\_ SHADE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ TOOTH NUMBERS \_\_\_\_\_

**FIXED PROSTHETICS Rx**

Margin Design  
 360 Metal Margin (collar)  Facial Porcelain Margin  
 360 Show No Metal  Facial Show No metal  
 Other \_\_\_\_\_

**TYPE OF RESTORATION** \_\_\_\_\_ **TYPE OF OCCLUSION** \_\_\_\_\_  
 PFM  IN OCCLUSION  
 ALL-CERAMIC  SLIGHTLY OUT OF OCCLUSION  
 FULL GOLD  OUT OF OCCLUSION

**INSTRUCTIONS**



**REMOVABLE PROSTHETICS Rx**

**TYPE OF RESTORATION** \_\_\_\_\_ **UPPER** \_\_\_\_\_ **LOWER** \_\_\_\_\_  
 FULL DENTURE  
 ACRYLIC PARTIAL  
 METAL PARTIAL FRAMEWORK  
 FLEXIBLE PARTIAL DENTURE  
 NIGHT GUARD  
 IMPLANT SURGICAL GUIDE

**INSTRUCTIONS**

DR. SIGNATURE \_\_\_\_\_ LICENSE NO \_\_\_\_\_

Net amount of invoice is due within 30 days of receipt of order. All balances beyond 30 days are subject to a finance charge of 1.5%. I agree to pay reasonable attorneys fees and collection costs if this account is referred to collections