



Artisan Dental Laboratory

2532 SE Hawthorne

Portland, OR 97214

1-800-222-6721 • (503) 238-6006 • (503) 231-3684 FAX

REMOVABLE

Doctor _____ Patient _____

Address _____ Age ___ M F

City _____ State _____ Zip _____

Phone (____) _____ Date _____

Due Date
 Express Service (Add'l Fee)

Full Denture

Age 20-30 31-50 51 +
Youthful Middle age Mature

Gender Male Female

Shade _____

Set up / Try in Finish Case

Night Guards

- Ng360
- Bruxguard Splint
- Hard Acrylic Splint
- Eclipse Soft/Hard Hard

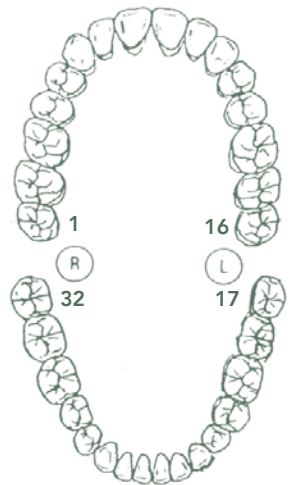
Partial Denture

- Design & Estimate Only
- Conventional Clasping
Vitalium 2000 Plus®
- Esthetic Clasp (Hidden Clasp)
- Thermoflex (Acetal Resin) on
Vitalium 2000 Plus®
- DuraFlex

Please indicate your choice of Tooth Brand listed under Full Denture

- Try in Finish Case
- Frame Only
- Frame & Bite Registration
- Frame & Teeth

- I would like a phone call regarding case
- I have sent photos to: photos@artisandental.com



Rx Number: _____

Terms: Net 30 days. Late charge: A penalty for late payment of 1 3/4% per month (21% per annum) will be added to all accounts 30 days past due.

Please Send

- Rx (Fixed) Rx (Removable)
- Boxes Mailing Labels

Doctor Signature _____

License Number _____

(Remember to select Shade, Age, Gender, and Due Date)