



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 _____

Same Day (5 pm)

Due Date
 Express Service (Add'l Fee)

Cases will be delivered by 5:00pm on due date

Full Denture

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

Gender Male Female

Shade _____

Set up / Try in Finish Case

Occlusal Guards

- Artisan Digital Bruxguard (ADB)
- NG 360
- Milled Occlusal Guard (Acrylic)

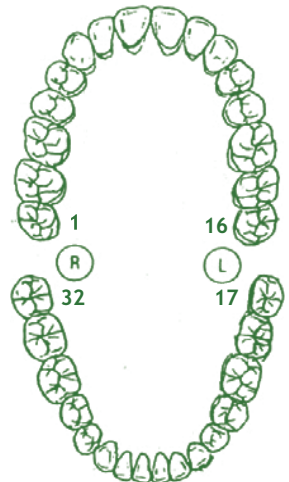
Partial Denture

- Design & Estimate Only
- Conventional Clasp (CoCr)
- Esthetic Clasp (Hidden Clasp)
- Thermoflex Clasp (Acetal Resin) on CoCr Frame
- Visiclear / DuraFlex Clasp on CoCr Frame
- DuraFlex
 - Try in
 - Finish Case

- Frame Only
- Frame & Bite Block
- Frame & Teeth

Shade _____

___ Please call me ___ Photos sent 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)