



5279 Guyan River Road • Huntington, WV 25702 • (304) 525-6301
email: brdlab@hotmail.com

Case Number

Dr. _____

Address _____

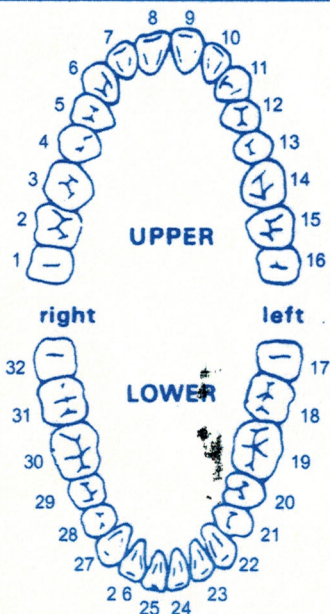
City _____ State _____ Zip _____

Telephone (_____) _____

Patient Name	Age	Date Wanted

Description of Work:

Instructions:



Use Back Side For Further Instructions

Dentures:

Tryin _____	Denture Base Materials _____	Cast Partial _____
Finish _____	Make of Teeth _____	Wrought _____
Repair _____	Mold _____	Acetal Partial _____
Bite or trays _____	Shade _____	Full <input type="checkbox"/> Partial <input type="checkbox"/>

Signature: _____ License Number _____

Today's Date: _____ 20_____

"Quality Doesn't Cost, It Pays"