Florida Lab Registration #200

Harmony Dental Laboratory

2063 Gilmore Street • Jacksonville, FL 32204 • 904.354.4467

REMOVABLE PROSTHETICS Rx

Rx DATE:

CASE DUE DATE: _____

O Anytime O Before _____

DOCTOR INFORMATION

Name: _____

Address: _____

Phone: _____

PATIENT INFORMATION

Name: _____

O Male O Female Age:_____

FABRICATION INSTRUCTIONS

O Same-Day Service O Custom Trays O Bite Rims

O Try-In with Teeth O Finish

TOOTH SPECIFICATIONS

Shade: _____ Mould: _____

PROSTHETIC SELECTION

O Lifestyle™ Full/Partial Denture

O Harmony Select™ Full/Partial Denture

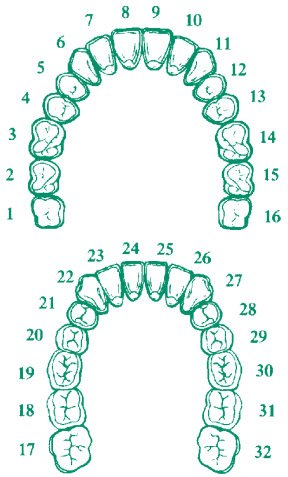
O Masterpiece™ Full/Partial Denture

O FRS™ Metal Free Partial

O ComforFIT Nightguard™

O Other _____

CASE DESCRIPTION



PLEASE SEND

O More Rx's O More Shipping Supplies O Other _____

Signature Below Indicates Acceptance of Full Responsibility for Payment

_____ _____

Personal Signature of Dentist Dentist License #

NOTE: Please retain yellow copy for your records and return the white copy to Harmony.