

## **DENTURE RX**

2801 West St. Germain Street • P: 320.252.2070 • F: 320.252.980 email: techsupport@thoeledel	68 • NDXThoele.com		SEND MORE  □ Boxes □ Small (7x5x2) □ Medium (6.5x4.5x3.75) □ Large (8x6x4)
Patient Name:			☐ Labels ☐ RXs
Today's Date: / /	Female   Male	Э	☐ Other (List)
☐ Will call when case is ret	urned		
NEXT APPOINTMENT: DATEDAY	TIME	AM _PM	TRIAL
PRODUCTS	SHADE Tooth Shade:		Mold:
Full Upper Full Lower Partial Upper Partial Lower Spare Denture Jump Reline (Flasked) Repair Custom Tray Surgical Guide Bite Blocks Tracers Proform Night Guard Soft Proform Mouth Guard Soft Soft Liner Altered Cast Post Dam Relief Immediate	Basic Face Form:	Plec	apering  Dominant Left Side  Soft
	LIST BRAND OF Anterior Posterior		Cast Frame Wire Clasps Flexible Clasps
☐ Bleaching Trays ☐ Thermo-Guard ☐ Hard Acrylic Splint ☐ Duranting Teath	TEETH		
☐ DuraFlex Premium Teeth☐ DuraFlex Economy Teeth☐ Valplast® Premium	Premium Plastic  Anterior		onomy terior

Posterior

☐ Valplast Economy

Posterior

DESIGN CASE:  7 8 9 10 11 223 24 25 26 27 4 13 20 29 3 UPPER 14 19 LOWER 31 1	NOTES:		
7 8 9 10 11 22 27 28 4 13 20 29 3 UPPER 14 19 15 18 10 16 17 10 16 17  Dr.'s Signature:			
7 8 9 10 11 22 27 28 4 13 20 29 3 UPPER 14 19 15 18 10 16 17 10 16 17  Dr.'s Signature:			
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7 8 9 10 11 22 27 28 4 13 20 29 3 UPPER 14 19 15 18 10 16 17 10 16 17  Dr.'s Signature:			
6 11 22 27 28 28 4 13 20 29 29 3	<b>DESIGN CASE:</b>		
12 21 28 29 29 30 LOWER 2 15 18 LOWER 31 1 16 17	/		
13 20 29 3 UPPER 14 19 2 LOWER 31 1 16 17 32 RIGHT LEFT LEFT RIGHT  Dr.'s Signature:			
UPPER  15  18  LOWER  31  1		((2)	( ( ) )
2 (1) 15 18 (1) 31 15 18 (1) 32 RIGHT LEFT LEFT RIGHT  Dr.'s Signature:		1, 1, 1	\ X .\
RIGHT LEFT LEFT RIGHT  Dr.'s Signature:			WER 31
Dr.'s Signature:			32
	RIGHT LEFT	LEFT	RIGHT
License #:	Dr.'s Signature:		_
	License #:		_

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