Centric Stop LLC
Dental Laboratory

DENTURE

1815 W. 1st Ave, Ste. 148
Mesa, AZ 85202
480-776-6839
Fax 480-776-6840

ENCLOSED:
Impression
Master model
Opposing
Bite
Photo
Other

Doctor _____

Address _____

City/State _____ Zip _____

Phone (_____) _____

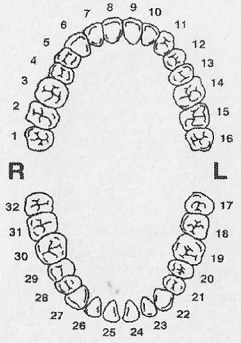
Patient Name _____ Sex _____ Age _____ Due Date _____

Shade: _____

Prep Shade _____



Circle all that apply :



Nightguards:
Upper / Lower
Thermoplastic
Hard
Soft
Dual

Full Dentures:
Upper / Lower
IMM
Custom Tray
Baseplate and Rim
Set Up
Process

Partial Dentures:
All Acrylic / Flipper
Upper / Lower
Flexible
Cast Framework
Set Up
Process

Signed _____

Dentist's Licence Number _____ Date: _____ 20____

All accounts are due within 30 days of statement date. A service charge of 2% per month will be added to past due accounts.

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C & B

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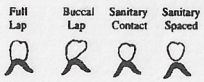
City/State _____ Zip _____

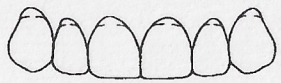
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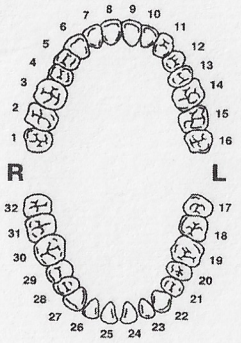
Shade: _____

Prep Shade _____





Circle all that apply :



PFM:
NP
Semi-Precious
Precious
Porc. Butt Margin
Metal Occl/Ling

All Metal:
63% Au
Rx Nu Gold (2%)
Semi-Precious
NP
Precious

All Ceramic:
Zirconia
Emax Press
Emax Layered

Implants:
Stock Abutment
Custom Abutment
Ceramic Abutment
Other _____

Signed _____

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