German Zahn
DENTAL LABORATORY

7001 Stoneridge Dr.
Frisco, TX 75034
972.370.4114
info@germanzahndentallab.com
www.germanzahndentallab.com

Dr. Name: _____ Practice Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Return Date: _____

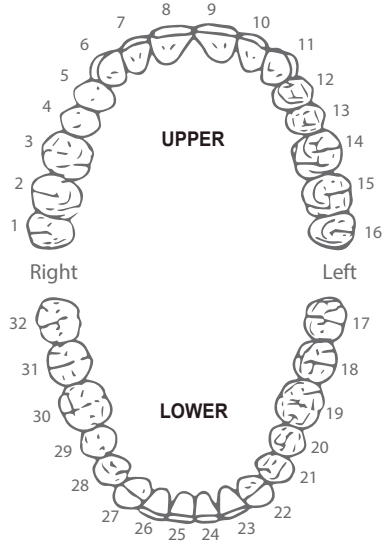
Patient: _____ Age: _____

Shade: _____

- ☐ All on 4 / Implant / Over Denture
- ☐ Valplast / Flexible Partial
- ☐ Flexible Clear Clasp
- ☐ Night Guard / Hard / Hard & Soft
- ☐ Acrylic Partials ☐ Upper ☐ Lower
- ☐ Thermoguard

DENTURES	CAST PARTIALS
☐ Upper	☐ Upper
☐ Lower	☐ Lower

- ☐ Reline
- ☐ Repair
- ☐ Custom Tray
- ☐ Add Tooth
- ☐ ReBase
- ☐ Surgical Tray



- ☐ Please mark denture for ID purposes as:
- ☐ Please exclude indentification
- ☐ Try in Framwork
- ☐ Try in Bite Block
- ☐ Try in Teeth
- ☐ Finish

℞

Dr. Signature: _____ License No.: _____

Date: _____

Send More: ☐ Rx's ☐ Boxes

Net amount of invoice is due within 10 days of order's reception, all balance beyond 30 days are subject to a finance charge of 2%. I agree to pay reasonable attorneys' fees and collection costs if this account is referred to collection.