

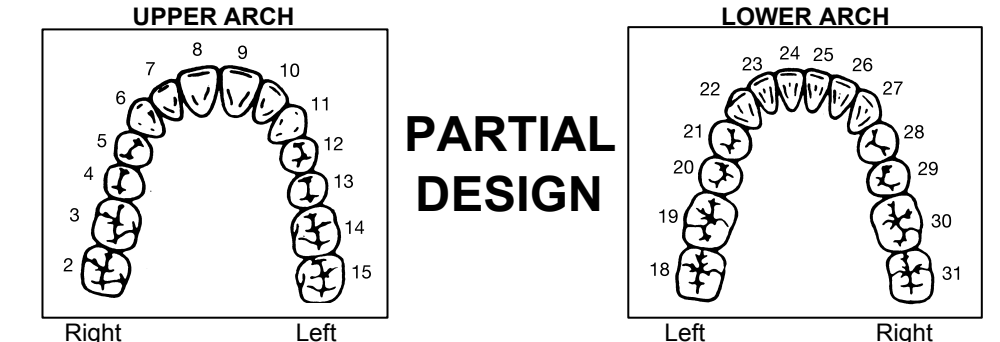
**DENTURE PRESCRIPTION**

7510 Arroyo Circle Gilroy, Ca 95020  
 Ph# (408) 842-6269 Fx# (408) 842-5002  
 Toll Free: 800-713-5390  
 www.WilliamsDentalLab.com

DOCTOR INFORMATION	PATIENT INFORMATION
Doctor: _____	Last Name: _____
Address: _____	First Name: _____
City, St, Zip: _____	Sex: _____
Phone: ( ) - _____	Age: _____
E-Mail: _____	Patient's Appt Date/Time: _____

**Return by 5pm On:** \_\_\_\_\_

Type of Restoration	Indicate Teeth Number(s)/Arch
<input type="checkbox"/> Custom Tray	_____
<input type="checkbox"/> Bite Rim	_____
<input type="checkbox"/> Framework Try-In	_____
<input type="checkbox"/> Teeth Try-In	_____
<input type="checkbox"/> Process & Finish	_____
<input type="checkbox"/> Stayplate/Flipper	_____
<input type="checkbox"/> Surgical Stent	_____
<input type="checkbox"/> Bleach Trays <input type="checkbox"/> Regular <input type="checkbox"/> Deep	_____
<input type="checkbox"/> Hybrid	_____
<input type="checkbox"/> Hader Bar	_____
<input type="checkbox"/> Precision Partial Attachments:	_____



Checklist		
<input type="checkbox"/> U/L Impressions	<input type="checkbox"/> Photos	<input type="checkbox"/> Call Before Proceeding
<input type="checkbox"/> U/L Models	<input type="checkbox"/> Shade	<input type="checkbox"/> Send Prescriptions
<input type="checkbox"/> Bite Rim	<input type="checkbox"/> Smile Design	<input type="checkbox"/> Send Mailing Labels
<input type="checkbox"/> Custom Tray	<input type="checkbox"/> Horizontal Reference	<input type="checkbox"/> Disinfect Every Case
<input type="checkbox"/> Bite(s)	<input type="checkbox"/> Manage the Bite Form	<input type="checkbox"/> Other _____

S: \_\_\_\_\_ DR: \_\_\_\_\_ CN: \_\_\_\_\_

S: \_\_\_\_\_ PT: \_\_\_\_\_ DD: \_\_\_\_\_

M: \_\_\_\_\_ TJ: \_\_\_\_\_

M: \_\_\_\_\_ BJ: \_\_\_\_\_

Photo

E-Mail

Ground

2-Day

NDA

Int'l

In NDA

No 197

For Lab Use Only

ANTERIOR		POSTERIOR	
shade	mould	shade	mould

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_ License # \_\_\_\_\_

Terms: Net 15th of the month following statement date. Invoices 30+ days past due will be subject to a finance charge of 1.5% per month. Annual percentage rate of 18%. Accounts 60 days past due will automatically be subject to COD terms.