

## Removable Rx

Cedar Rapids 319-298-9800 Ankeny 515-964-1499 Davenport 563-322-3301 Mason City 641-380-0363

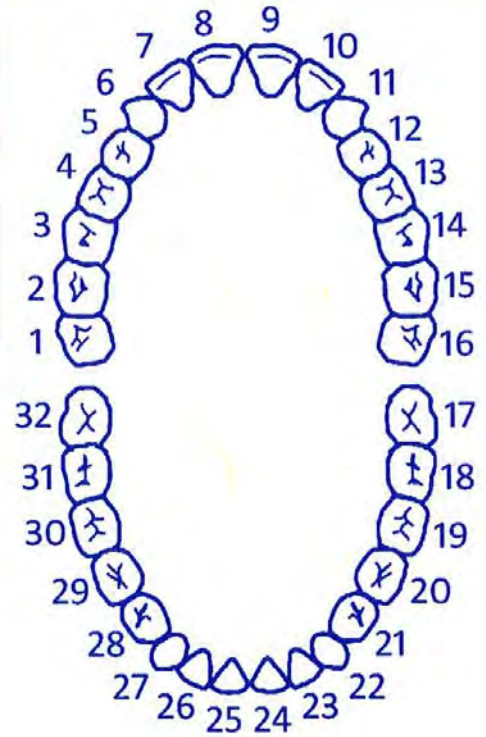
Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Patient \_\_\_\_\_

Date \_\_\_\_\_ Due Date \_\_\_\_\_

Restoration				
<b>Denture</b>	<input type="checkbox"/> Bite Rim	<input type="checkbox"/> Set-up	<input type="checkbox"/> Finish	
<b>Partial</b>	<input type="checkbox"/> Frame	<input type="checkbox"/> Bite Rim	<input type="checkbox"/> Set-up	<input type="checkbox"/> Finish
<b>Shade</b>	_____			
<b>Tooth#</b>	_____			

**Instructions:**



Signature: \_\_\_\_\_ License# \_\_\_\_\_