

emidentures

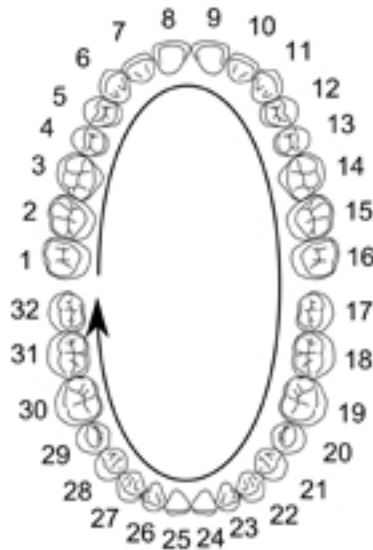
Dr. _____ Date: _____

Patient's Name: _____ M F

Return Date: _____

Shade: _____ Patient's Age: _____

- Full Denture
- Partial Denture
- Acrylic Denture
- Flexi/Valplast
- Flipper
- Nesbit
- Essex



- Set Up
- Finish
- Locator Denture
- Hybrid Denture
- Trinia Denture
- Night Guard
- Repair

Instructions: _____

Dr. Signature : _____ Date: _____

emidentallab

Call us at **631-874-9455**
or visit **elitemarginslab.com**

1718 Church Street, Holbrook, NY 11741
fax: 631-909-4204

Terms: Net 30 days. 2% service charge over 30 days. Person signing this authorization accepts the responsibility for payment, and agrees to pay all legal costs in the event of a suit, including reasonable attorney fees