PEACH STATE
DENTAL STUDIO
500 SPRING STREET SE
SUITE 103
GAINESVILLE, GA 30501

OFFICE: 678-943-2902
TOLL FREE: 877-505-9504
FAX: 678-943-8076

PATIENT	GUIDE USED	TOOTH SHADE

SEX_____ AGE_____ ACRYLIC SHADE_____ DATE_____

Partial Fabrications

- ❑ COMPLETE
- ❑ TRY-IN WITH TEETH
- ❑ FRAMEWORK ONLY
  - ❑ BEGO WIRONIT
  - ❑ TICONIUM 100
  - ❑ BLUE HERON™ SUPER FLEX
- ❑ LUCITONE FRS FLEX PARTIAL
- ❑ ACRYLIC PARTIAL
  - ❑ FRS CLASPS-PINK
  - ❑ TERMOFLEX TOOTH COLORED CLASPS
  - ❑ WROUGHTWIRE CLASPS

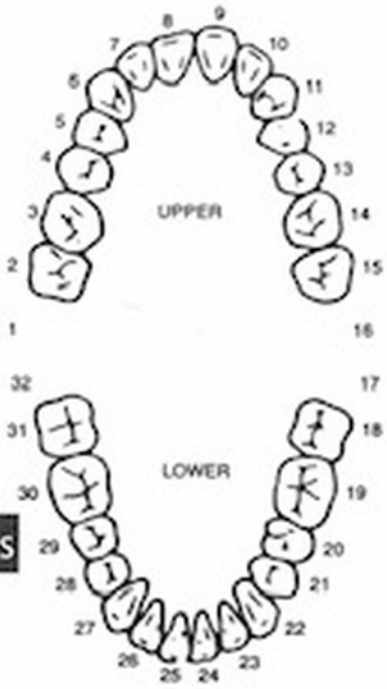
Denture Fabrications

- ❑ IVOCAP INJECTION DENTURE (most popular)
- ❑ LUCITONE 199 INJECTION DENTURE
  - ❑ HERAEUS KULZER MONDIAL
  - ❑ IVOCLAR TEETH
  - ❑ BIOFORM TEETH
  - ❑ PORTRAIT TEETH
- ❑ ECONOMY (includes nu hueteeth)
- ❑ IMPAK PF SOFT DENTURE
- ❑ ACRYLIC BASEPLATE
- ❑ VAC-BASEPLATE
- ❑ BITE RIM

TMJ APPLIANCES
- ❑ IMPAK NIGHT GUARD
- ❑ HARD NIGHT GUARD
- ❑ SOFT NIGHT GUARD

Orthodontic Appliances

- ❑ SPECIFIC REQUEST



DUE DATE_____

WE NEED
- ❑ PARTIAL & DENTURE PRESCRIPTION PADS
- ❑ MAILING LABELS
- ❑ MAILING BOXES

TRY IN_____ FINISHED_____

Doctor

Dr. Name_____ Signature_____

Address_____

City/State/Zip_____ License #_____

Person signing this authorization acts as legal agent for the named Doctor, who accepts sole responsibility for payment and agrees to pay all legal and collection costs in the event of suit, including reasonable fees. A 1 ½ % per month (18% per annum) finance charge will be added to any unpaid balance more than 30 days past due. All accounts more than 60 days past due will be placed on COD until balance is paid in full. The client will pay all reasonable legal expenses incurred by the laboratory as a result of actions taken for collections.