



CARROLL

DENTAL LABORATORY, INC.

110 W. King St., Kinston, NC 28501 • 1-800-359-2455 • www.carrolldentallab.com

REMOVABLE RX

Doctor's Name: _____ Today's Date: _____

Patient's Name: _____ Due Date: _____

PARTIAL DENTURES

- Acrylic Only
- Acrylic with metal frame
- Acrylic with acetal frame
- Flexible

FULL DENTURES

- Traditional
- Precision Fit

OTHER

- Custom Tray
- Bite Rim
- Occlusal Guard (hard)
- Occlusal Guard (hard/soft)
- Reline
- Repair

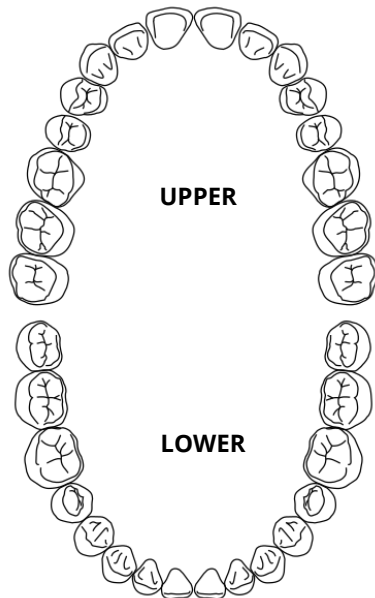
SHADE

Tooth Shade: _____ Stock Premium (\$)

- Tissue Shade:
- Light Pink
 - Standard (Pink)
 - Meharry (Dark Pink)

ADDITIONAL INSTRUCTIONS:

- Try-In
- Straight to Finish



Doctor's Signature: _____ License #: _____