STAUB CRANIAL™

Oralab. LLC
INNOVATIONS IN DENTAL TECHNOLOGY

Texas Laboratory Registration #2688
171 Oak Ridge Road
Bullard, Texas
1-903-825-3908
1-866-861-2289

BPS BRAND PROSTHETICS

Doctor:

Patient: Age: Sex:

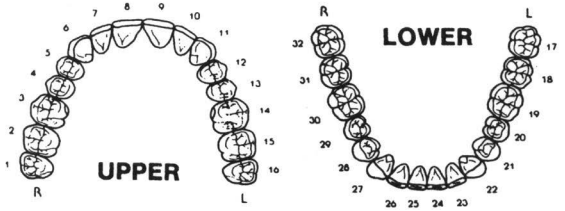
Due Date:

Phone #:

PLEASE SEND

- ❑ Prescriptions
- ❑ Mailing Labels
- ❑ Boxes

REMOVABLE PROSTHETICS



Type of Restoration:

- ❑ Full Denture
- ❑ Partial Denture
  - ❑ Cast Frame
  - ❑ Temp All Acrylic
  - ❑ Flexible

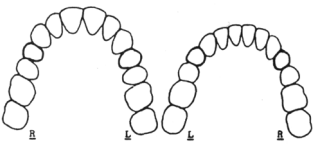
Will opposing teeth be restored? ❑ YES ❑ NO

ORTHODONTIC

Type of Appliance: _____

Color or Design: _____

Special Instructions: _____



Special Instructions:

SHADE MOULD

Dr. Signature required by law: _____

D.D.S. Lic. # _____

Signed by a licensed dentist. I agree to terms and conditions.
Accounts are due and payable by the 15th are subject to late fees and interest charges.

White copy: Lab Yellow copy: Dr