

E & R DENTAL LABORATORY
 1960 Delta Drive
 Gainesville, Georgia 30501
 1-800-221-2979 • Phone (770) 534-9090
 (770) 534-8842 Fax

Lab Registered
 in KY & TX
 Technicians
 Registered in SC



DR. _____ DATE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

PATIENT _____ SEX _____ AGE _____

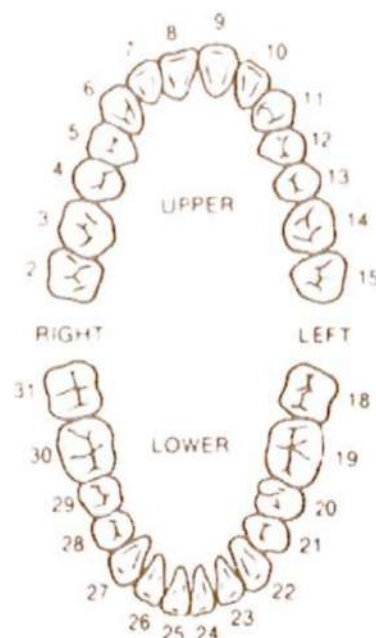
	SHADE	MOLD	ACRYLIC SHADE	
Date _____ Wanted _____			PINK	1/4 MEH
			3/4 MEH	1/2 MEH
			FULL MEH	

- ☐ BITE BLOCKS
☐ CUSTOM TRAYS

- ☐ PREMIUM DENTURE
☐ IMMEDIATE DENTURE
☐ CAST BASE FOR FULL DENTURE

- ☐ PREMIUM CAST FRAMEWORK
☐ FLEXIBLE PARTIAL
☐ PARTIAL FRAMEWORK (WITH FLEXIBLE CLASP(S))
☐ PARTIAL FRAMEWORK (PROCESSED IN LUCITONE 199)
☐ ALL ACRYLIC PARTIAL (WROUGHT WIRE CLASP(S)) ☐ YES
☐ ACRYLIC FLIPPER PARTIAL (INC./1 TOOTH) ☐ NO

- ☐ REBASE
☐ RELINE
☐ REPAIR
☐ HARD/SOFT 2 LAYER NITEGUARD
☐ HARD/SOFT 3 LAYER NITEGUARD
☐ ACRYLIC NITEGUARD
☐ GOLD/OTHER SPECIALTY TEETH
☐ PATIENT ID
☐ IMPLANT OR ATTACHMENT CASE



RETURN FOR

- ☐ TRY IN
☐ FINISHED

WE NEED:

- ☐ PRESCRIPTION PADS
☐ MAILING BOXES
☐ UPS LABELS

DENTIST SIGNATURE _____

LICENSE NO. _____

In signing this order, I agree to pay collection costs and attorney fees to effect collection on any past due balance. If any business is a corporation, I agree to be personally responsible for any purchases. E&R Dental and customer agree that venue would lie in Hall County, Georgia, regarding any disputes arising from this agreement including, but not limited to collection matters.