



408 Stegall Pl
 Dawsonville, GA 30534
 678.438.3555

Today's Date _____

Dr _____

Patient _____

Date Wanted _____

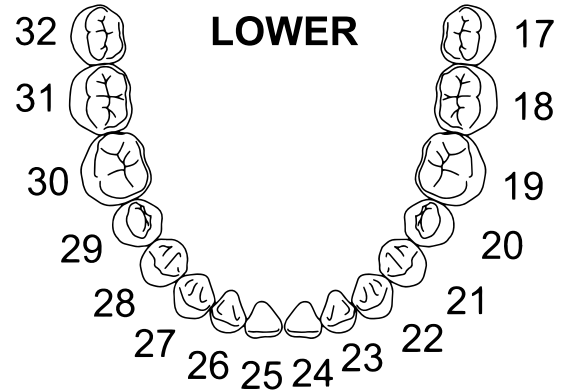
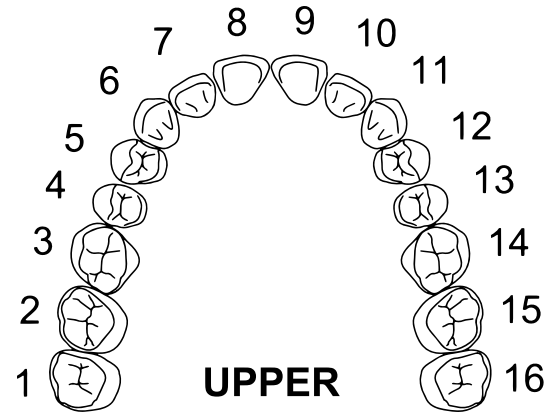
Appointment Day/Time _____

Tooth Shade _____

Type of Teeth:

Economy Midgrade Premium

Denture Material Shade _____



PLEASE GIVE COMPLETE INSTRUCTIONS

License # _____ Signature _____