



408 Stegall Pl  
 Dawsonville, GA 30534  
 678.438.3555

Today's Date \_\_\_\_\_

Dr \_\_\_\_\_

Patient \_\_\_\_\_

Date Wanted \_\_\_\_\_

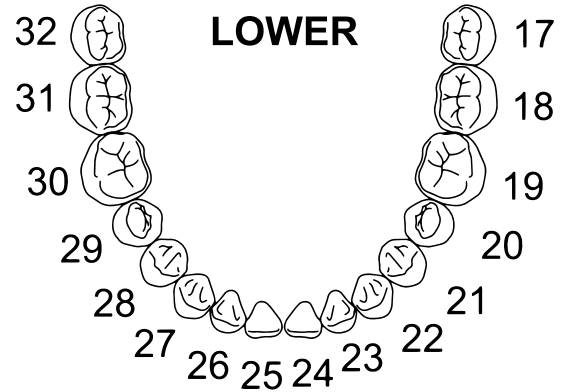
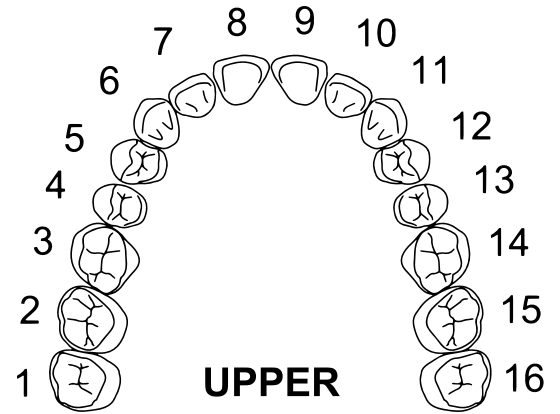
Appointment Day/Time \_\_\_\_\_

Tooth Shade \_\_\_\_\_

Type of Teeth:

Economy    Midgrade    Premium

Denture Material Shade \_\_\_\_\_



PLEASE GIVE COMPLETE INSTRUCTIONS

License # \_\_\_\_\_ Signature \_\_\_\_\_