



REMOVABLE RX

HARRISON DENTAL STUDIO, INC.
5 EAST WENTWORTH AVENUE
WEST ST. PAUL, MINNESOTA 55118
PHONE: (651) 457-6600 1-800-899-3264
FAX: (651) 457-8869 www.harrisondentalstudio.com

Received
Models
Tray
Bite
Partial/Denture
Art #

CASE NO.

Empty box for Case No.

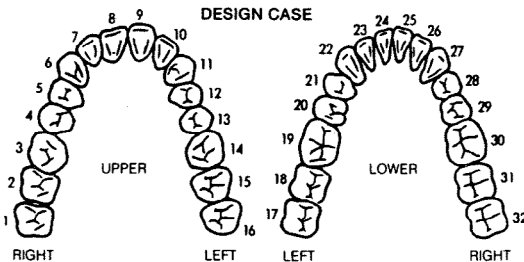
Dr. Date Sent
Finish Date
Finish Time
Patient Shade

Form with checkboxes for: Flipper 1-3 teeth, Acrylic Partial 4+ teeth, Full Upper, Full Lower, Partial Upper Cast, Partial Lower Cast, Flexible Partial, Clear Clasp, Invisiguard Splint, Hard /Soft Splint, Hard Acrylic Splint. Includes 'TEETH' and 'MOLD' sections.

E-Mail Photos To: photos@harrisondentalstudio.com

TRIAL FINISH
SHAPE ETHNIC ACRYLIC SHADES
Square Tapering Ovoid
light medium dark

Special Instructions:



Doctor Sig. Lic. #

FM4-RX-003-00 Please send RX Forms Mailing Boxes Shipping Labels

LIKE US ON FACEBOOK facebook.com/harrisondentalstudio VISIT OUR WEBSITE HarrisonDentalStudio.com